

### BOYCOTT MEAT.

The recent advance in the price of meats, with the general advance in all articles of household consumption, has brought into prominence the question of the excessive use of meat by Americans, and the advisability of the adoption of vegetarianism to a certain extent. As a matter of economy there is no question; for a patch of garden 100 feet square, cultivated by the surplus labor of a household and enriched by household waste, will go very far towards supporting the family in vegetables when intelligently utilized.

When a boy, a new family came to the writer's town from New England. We were at once impressed by the fresh, clear, rosy faces, the bright eyes and alert looks of the children, so much so that the cause was asked. The reply was that the family were vegetarians. Assuredly there was no anemia, no debility, there.

Much later we stood on the wharf, watching a ship-load of Irish emigrants disembarking. We noted the robust

frames, powerful muscles and rosy faces of men and women, the sturdy physique of the multitudinous children. Here also was no lack of hemoglobin, of strength, pluck, endurance or virility. And yet these people lived on oatmeal and potatoes, meat being a luxury enjoyed only four times a year, at the quarterly rent-paying.

Throughout the medical world resounds the warning cry against the sin of over-eating, and especially the excessive use of meats and other nitrogenous foods. The multitudinous ailments attributable to uricacidemia fill countless pages of medical journals. Cancer is more and more being referred to over-eating and especially of meats. The maladies of the human race universally, excluding only those due to traumatisms, are, it is claimed, directly traceable to their first origin in disorders of the digestive system.

And so we come to dyspepsia, gastric catarrh, biliousness and hepatic disorders, constipation and autotoxemia, in-

digestion, *et id omne genus*, all beyond the possibility of argument attributable to the use of too much food, improperly selected and eaten.

To the operations of the great trusts, when they tend to become tyrannical, there is always to be opposed the silent but overwhelming opposition of the masses, that of abstinence. Like the heave of the ocean wave, it may be noiseless but is irresistible. We once saw a man standing by a vessel in a slip. The tide was coming in and the ship rocked slowly. Thoughtlessly the man rested his hand against the side of the pier next the vessel. Slowly, gently, the great ship heaved up against the pier, and with a shriek of agony, the man held up his hand crushed flat.

Leave out the surplus meat. Do not stop it altogether, but eat an ounce where now you eat four. Substitute baked beans and a little cheese, and you will need no other nitrogenous food but what you get in the cereals. If you have a cow and a few chickens, a pig in the pen, you can easily go the year without a visit to the butcher, and be all the better in health therefor. Even if you do not really live, but simply exist as the denizen of a city flat, you can cut down your bills and rebuild healthy digestion, by moderating your use of meats and choosing the inexpensive portions and kinds.

At first, when one has been long accustomed to an excess of meat, there will be a sense of debility, of inanition; just as the drunkard feels when deprived of his whisky. But in a week or two this passes off; and a new and unaccustomed sense of lightness, alertness, springs up. The step is elastic, the eye clear, the movements quick, the mind

alert, and the feelings bright and glad. The digestion is soon restored when delivered of its overload, the blood is no longer toxic, and every bodily and mental function responds to the new conditions.

How good everything tastes!

How bright is the sunshine!

How nice every one is!

They want big money for meat, do they? Well, if they think it worth that much, let them keep it and enjoy it themselves. We have long wanted to try Brewer's diet of nuts and fried sunbeams, and now's our chance.

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Because medical science has given up its connection with philosophic speculation, let therefore no one think that he can dispense with thinking too.

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#### EXERCISE AND THE BRAIN.

In sound sleep the brain is at rest. In dreaming, which occurs really between sleep and the full waking state, the brain is only partially inactive. In the full waking state the brain is at work and not at all in repose.

But we must carefully observe that in this state of activity in the brain there are two very distinct elements—there is that in which a task is executed and that in which what we call play is enjoyed. Take as an illustration the activity of the brain in a group of children let loose in the play-ground, and compare it with that activity of the same brain when these children are “preparing” their lessons for school. These two states of activity are very different from each other. The brain in the one state of activity is worn, in the other state of activity it is recruited.

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Macrolin is probably the most efficient remedy at our command for chorea. It is best in the declining stages.

Myalgia, the so-called muscular rheumatism, acute or chronic, is always favorably influenced by macrolin.

If we compare states of activity in older persons we find the same two distinct states as in the young. There is that toiling thinking, which wears the material system on which thought depends, and that easy, almost or altogether involuntary thinking, in which the brain is revived and the soul invigorated.

Now it is not very difficult to see that, of these two states of activity in the brain, which may be rightly called exercise. It is not found in the activity which wears down the very substance of the brain. That may be set down as certain. There are those who imagine that the most severe mental labor is the best exercise, say, for the youthful mind; and that to "exercise" that same mind in severe study is the way to make the strongest of men, mentally, in the end. But the "exercising" fail to bear out this theory.

On the other hand, it is not in what may be called the dissipation of thought that the true exercise of the brain is found. It is not in merely letting loose the absolutely careless sort of thinking, which implies all absence of self-control for the time. There is something in mental activity very different from these states, which may be regarded as an extreme. Restless working is bad, so is restless walking, so is restless standing, but restless thinking is worse than all. There is that state of mind in which we occupy ourselves in useful thought, only not in such thought as calls for the highest effort. The effort is mostly that of putting and keeping ourselves in an agreeable and easy line of thinking.

Skillful medical men all know the importance of what is called "amusement" to their patients. Often a man has some serious business difficulty to get over,



It is doubtful if another remedy can be found productive of as much comfort in lumbago as macrotin gives.

and he can overcome it only by the severest calculations or wearying thought. He cannot at the time sleep. What is he to do to relieve his overtaxed brain? Often a book, pleasant and refreshing, is the very thing needed. This book should be such as to lift the reader out of his usual track of thought as completely as possible. It is not at all desirable that such thinking or reading as gives the best exercise to the brain should be "light", in the sense of being "trashy." It should occupy him in a very thorough manner, but in reading it his brain will be active in such a degree as will tend to draw vital energy to it, but not in such a degree as to drain off that energy from other organs, nor to wear the brain itself.

One must count it good sound work done in a day, when he has succeeded in securing the rest really needed. Never mind for one moment that "education is falling behind" with the young, or that business is not attended to by the older.

Effective rest will soon make good all loss.



We can only think and speak rightly, but to make others conform to our sentiments and tastes is too difficult an undertaking.



#### FAT-FREE TINCTURE OF DIGITALIS.

Deep as is our interest in active principle therapy, we are ever ready to note with approval every advance made along other lines. It is therefore with no little pleasure that we call attention to the new tincture of digitalis recently presented by Searle & Hereth.

The uncertainty of the ordinary tincture needs no demonstration—we all



Whether acute rheumatism is amenable to macrotin may be doubted but there is no question as to the chronic form.

know it. The length of time required before it actually gets to work has been painfully evident to most of us. This is chiefly due to the slowness with which the active principles are absorbed.

The investigators mentioned above attribute this chiefly to the presence of fatty principles. These they remove by their process, and then treat the fat-free drug in the usual manner, adding ammonia to render all the glucosides present soluble in water. The result is a fat-free tincture, keeping indefinitely without deterioration, but freely soluble in water without precipitating any of the glucosides, and capable therefore of hypodermic application. Given by the stomach, this tincture is quickly absorbed, the effects becoming evident in 15 minutes, while the officinal tincture requires at least thirty minutes. The maximum effect of the fat-free tincture is reached in forty-five minutes, that of the ordinary tincture in one hour; while the effect of each endures thirty minutes. When administered by the mouth the improved tincture is absorbed as rapidly as by the hypodermic method.

Decidedly this is a step in advance—yet it is not enough for us, because the product still remains uncertain as to composition and strength, as to quality and quantity of the effect to be obtained from it. Nothing but the distinct, uniform, unvarying, single active principle answers for strictly scientific prescribing. But were we to use the tincture, it would assuredly be this improved tincture whenever it was within reach.

S. & H. issue a very valuable reprint from the *American Journal of Pharmacy* on the "Tincture of Fat-free Digitalis" and quote the same at \$2.00 per pint.

Macroton gives prompt relief to headache when due to an atonic state of the blood-vessels of the brain.

Spite of the numerous studies made of digitalis and its glucosides, there seems always something more that can be said. In our rather extensive reading we have singularly failed to meet the following idea: Suppose you try to force fluid through a sausage-skin, or any other relaxed, flexible tube. Note the force required. Now try to force the fluid through a metal pipe of the same diameter, and see how much easier it is.

In renal and especially in cardiac dropsy, the vessels have lost their tonicity and become relaxed, the serum oozing through their walls, and the heart labors to keep up the circulation. Give digitalin, just enough to stiffen the vessel-walls, and the heart's work is at once rendered easier. But if you increase the dose so as to lessen the caliber of the vessels, you oppose another obstacle to the heart-action, and neutralize the benefit previously obtained, while exhausting the heart's susceptibility to stimulation and choking off its nutritive supply through the coronary arteries. Hence, the dose of digitalin must be carefully calculated, the effects closely watched, that exactly the proper degree of action is secured; neither too much nor too little, but just "dose enough."

Truly digitalis is a master medication, but it takes a master's hand to so use it as to obtain all its possibilities of good, and none of its harmful effects.

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God save us from women whose souls have shot up into mere intellect.

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#### PUBLIC HEALTH AND COMMERCE.

One of the most important bills before Congress is that introduced by Senator Spooner, which seeks to secure the

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When neuralgia coincides with an atonic condition of the blood-vessels much benefit may be expected from macroton.



establishment of a national department of health, to be composed of a commissioner and a representative of each state and territorial board of health and others.

Trade and commercial bodies are taking active interest in this measure to secure its passage, and there are many reasons why they should do so.

The committee of the New York Board of Trade having the subject under consideration, presents some unanswerable arguments in favor of a systematic and uniform supervision of the public health. This committee says: "We are led to believe that, with the adoption of a proper and general system of sanitation and disinfection throughout the country, guided and controlled by one general head, in thorough harmony and sympathy with every local and state board, every such board can be brought in touch and coöperation with every other local and state board, and what we have heretofore known as quarantine will practically disappear, as being unnecessary, barbarous and obsolete. With the disuse of quarantine would cease the serious and unnecessary interruption of commerce and travel in times of epidemic, and with the perfecting of such a system as we outline the recurrence of epidemics would soon become less and less frequent. This is, indeed, an object worthy the attention and earnest support of business men and commercial bodies."

The committee's report very intelligently presents the confused conditions as they now exist, and shows the benefits to be derived from a sensible direction of affairs as follows: "Under existing conditions in this country, lack of con-

fidence breeds fear and panic. One state may have an efficient health board, the adjoining state has none, or a very imperfect one. So, also, between towns, cities and countries. The result is that when an epidemic appears in any part of the country, every locality within hundreds of miles quarantines against the infected place and places near it. The losses that this condition entails upon the commerce and transportation interests are enormous.

"The relation of public health to commerce, manufactures and all forms of industry, is therefore of such vast importance as to command the best efforts of the government, and of all good citizens, to secure as speedily as possible the adoption of an efficient system that will meet the needs of the country.

"We have endeavored to consider the questions from a commercial or business standpoint solely, and have laid aside sentimental and humanitarian considerations.

"We have been forced to the conclusion that, on selfish—we may say mercenary—grounds alone, it behooves every business man in this country to interest himself in such measures as will promote and insure the public health."

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How pleasant it is to do better than one is thought capable of doing.

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#### **SOMETHING MORE ABOUT BOLDINE.**

Boldine does not influence the circulation, temperature, or the quantity of urine, but augments sensibly the elimination of urea and the secretion of bile. Taken by the mouth it is very bit-



Macroton is useful as an astringent expectorant for the relaxed tissues of chronic bronchitis and phthisis.

Lobelin is much less likely to cause nausea than the older preparations of this most valuable plant.

ter; then follows a sense of warmth in the stomach. The appetite increases and the digestions become more active. The special effect is manifested on the liver, though powerfully stimulating the digestive functions.

Laborde found boldo exercising primitively a hypnotic action on the nervous system, with temporary suspension of the functional acts of conscious life and of relation. This was accompanied by a certain degree of anesthesia, general and of special senses, notably of hearing, and abolition of the oculo-palpebral reflex. After morphine, codeine, narceine and hyoscyamine, boldine ranks with the secondary hypnotics; but its action on the liver makes it precious in cases where the other hypnotics are objectionable. Here boldine relieves pain and favors evacuation, as in biliary calculi and other forms of calculi and obstruction.

This observation of Laborde harmonizes with our own. Of all the hypnotics we have tried, but one resembles boldine—narceine. The sleep induced by the latter leaves a certain degree of consciousness, which boldine does not, but the awakening is as free from disagreeable sensation in the one case as in the other. Narceine, like all opium derivatives, cannot be administered during digestion, at least during the first part, which is not the case with boldine.

Boldine causes considerable increase of the biliary secretion, and dissipates hepatic congestion and functional ailments of this organ. In simple jaundice, hepatic colic, chronic hepatitis, appendicitis, and hepatic ailments of hot or unhealthy countries, the good effects of boldine are no less manifest. It is in

fact a specific for hepatic maladies in general, even for cirrhosis.

Boldine does away with the failures encountered in using boldo; due to manifest insufficiency of the dose. Of the granules containing each 0.001 (gr. 1-67), the daily dose is 6 to 10, which are always efficacious in acute hepatic colic, biliary calculi and acholic jaundice. One kilogram of boldo contains .02 to 0.3 of pure boldine, so that the effect of the ordinary medicinal doses of the latter are insignificant.

Boldine favorably influences appendicitis, which ends without suppuration. The abundant production of bile induces a general evacuation of all the organic residues in the bowel, whose stagnation is the point of departure of inflammation of that part of the intestinal canal.

Boldine ameliorates alike the hepatic affections due to any form of alcohol, to a diathesis, or to a residence in hot or unhealthy countries. Hypertrophies of paludal origin feel its good effects as well, but the improvement is more rapid if quinine is also given. With profound debility, sodium arsenate should be added. Begin with one granule, 0.001 five times daily, gradually increasing until the daily dose reaches ten granules, if necessary and well supported. But if the hypnotic effect is desired give a granule every fifteen minutes at bedtime. Six granules secure 6 to 8 hours normal sleep.—Houde, *Revue Ther. des Alcaloides*.

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Dr. Henry Beates has been reëlected President of the Pennsylvania State Examining Board, and Dr. H. S. McConnell, of New Brighton, Secretary.



From its tonic effect upon the blood-vessels macrotin has proved useful in hypochondria of both sexes.

Lobelin is expectorant, diaphoretic, diuretic and laxative; in fact, it increases every secretion of the body.

THE HEALTH OF CUBA.

An interesting statement concerning the improvement in health conditions in Havana since the American occupation of Cuba, with special reference to the vital statistics for the year 1901, has been made public by the Insular Division of the War Department. Particular attention is paid to the purging of the city from yellow fever during the past year, by the destruction of infected mosquitoes. It is of vast importance, and the statement says that these facts should be known to the world as extensively and as rapidly as possible. During the past forty-five years, with scarcely an exception, some deaths have occurred from yellow fever, in every month of the year. Of the years, the maximum, 2508 deaths, took place in 1857; the minimum, 51 deaths, in 1856; with the average 751.

The number of other infectious and contagious diseases has been small during the past year, a rapid decrease having taken place since American occupation. A marked decrease in malaria also has taken place since the mosquito work began.

The statement concludes as follows: "The army took charge of the health department of Havana when deaths were occurring at the rate of 21,252 per year. It gives it up with deaths occurring at the rate of 5,720 per year. It took charge with a smallpox epidemic for a year. It gives it up with not a single case having occurred in the city for over eighteen months. It took charge with yellow fever epidemic for two centuries. It found Havana feared as a think unclean by all her neighbors of the United States, and quarantined against as too dangerous to touch, or

even to come near anything that she had touched, to the untold financial loss of both Havana and the United States. It has established the fact that yellow fever is only transmitted by a certain species of mosquito, a discovery that in its power of saving human life is only excelled by Jenner's great discovery; and as time goes on it will stand in the same class as that great boon to mankind.

"The army has stamped out this disease in its greatest stronghold. There have only been five deaths in the last months of the past year, and no deaths and no cases during the last three months of the same year; and it has demonstrated a system by which yellow fever can be certainly controlled without the interference of commerce."

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If you have powers equal to your task, the doing of your work shall be no miracle, but *you* shall be a daily miracle and wonder at yourself.

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AGARICIN.

Dysidrosis consists essentially of a vesiculous eruption, appearing as rounded hemispheres, not like the pointed vesicles of eczema. Fox compared them to grains of sago. They dry without rupture and desquamate, leaving a dry rosy denudation. Several crops follow. The vesicles occur singly or in groups, each vesicle measuring 2 to 6 millimeters in diameter. It occurs by preference along the sides of the fingers, then their backs, the hands and palms, the thenar and hypothenar eminences, the soles of the feet. The affection is symmetrical. Slight erythema and diffuse oedema accompany it. It is ex-

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Macroton has long been the main standby of our eclectic brethren for the various pains of childbirth.

Small doses of lobelin raise the blood-pressure, increasing arterial tension, in which it closely resembles emetin.

tremely painful, a pseudo-pruriginous sensation commencing some days before the eruption appears, which is so characteristic that persons once affected are warned of its recurrence. The attacks vary in intensity, up to disabling the patient from work. It is a malady of the hot season, the beginning of summer, apparently excited by solar heat, in persons of free sweating habit, of adipose arthritic tendency. It attacks also neurotics, and is essentially an affection of adults. The sudoriparous canals are dilated.

Treatment:—Ducastel treated mild cases with lotions of vinegar and water, and then applied boric petrolatum. For graver cases he used moist applications and baths during the inflammatory period, then powders and pomades of zinc oxide with a little menthol or salicylic acid. Internally he advised remedies directed to the cause, arsenic, quinine or belladonna. But of all means the one most incontestably indicated is agaricin, whose physiologic action consists precisely in moderating all hyperidroses, whatever their causes, without interfering with remedies directed against these causes. Active upon the nerve-ends terminating in the sudoriparous glands, it cannot help but be efficacious.

"Agaricin," says Combemale, "is an agent whose anti-sudoral action is certain, in all other intoxications and infections as well as in pulmonary tuberculosis. It is indicated whenever sweating alone is to be checked, reserving atropine for cases where all the secretions are to be checked. Agaricin causes digestive disturbances. Its action begins in two hours, attains its maximum in five hours and ceases in eight hours, from

its administration. It is not necessary to increase the doses, and it does not accumulate but may be continued with safety for long periods."

Dose 0.01, two to six times daily.—Houde, *Rev. Ther. des Alcaloides*.

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Great souls hide their sorrows, unless they feel that the revelation will give wisdom and consolation to others.

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### THE SENSE OF TASTE.

In the discussion of various dietetic rules, which now occupies so much space in hygienic and other publications, the fact seems to be almost lost sight of that man has, in the natural sense of taste with which he is endowed, an unerring dietetic guide—one which governs the animal world and should be more largely availed of by man. Unfortunately, however, the sense of taste in man has too frequently become perverted by the use of stimulants and condiments, so that in civilized man the appetite is too often morbid.

The function of taste doubtless sustains a more important relation to digestion than has been generally accorded to it. Food to be digestive must be appetizing. Food which nauseates does not stimulate the secretion of the fluid necessary to digest it either in the mouth or in the stomach. The sense of taste may be regarded as a sort of regulation. Hence it is an important property of food that the sense of taste may be stimulated and that it may have an opportunity to exercise its selective and controlling functions. When one has eaten a sufficient amount of simple wholesome food, the sense of taste informs him of the fact

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Macroton shortens the first and second stages of parturition saving the strength and facilitating delivery.

Lobelin has been given with advantage for whooping-cough, asthma and other forms of dyspnea, relaxing all spasm.

by declining to receive more. A perfect rule for mastication would be to chew each morsel of food until there is left only a tasteless remnant. It is useless to swallow such a residue, as it can have no nutritive value. When food is taken in this way, the sense of taste has an opportunity to say "enough" before too much has been swallowed and thus affords a perfect means of adapting the amount of food taken to the needs of the body.

A careful study of this suggestion will also show that the sense of taste, if allowed to act in a normal way, will select those substances of which the body is in greatest need. For example, if the blood is impoverished and needs an extra supply of nitrogenous food, there will be a craving for such foods as nuts, legumes and possibly eggs and milk or some other substance containing nitrogen.

The taste was no doubt intended by the Creator to be a perfect guide to the quantity and quality of food to be taken and not simply a means of gustatory pleasure. Unfortunately it has been terribly debauched and perverted from its normal function. Men and women treat the palate as the pianist treats his instrument, touching it in various ways simply for the purpose of provoking pleasurable sensations with no regard whatever for the possible needs of the body or the possible damage which may be caused. The sense of taste, thus wrongly educated becomes perverted and its indications become confused. Abnormal cravings are developed, which demand satisfaction in the use of tea, coffee, wine and other intoxicants, mustard, pepper and other condi-

ments, large quantities of salt, pickles and rich and savory dishes of various sorts, together with sweets, ices, tidbits of all kinds. The sense of taste has been dethroned from its high position as governor of nutrition and has come to be merely the servant of a capricious and insatiable desire for an illegitimate sensation, a purely selfish animal pleasure. This is gluttony, pure and simple, and is the apt tutor and hail companion of alcoholic intemperance. The free use of common salt must likewise be placed among serious dietetic errors.

Gum chewing, tobacco chewing, the use of tobacco in any form, must be condemned as harmful to the digestion, through exhausting the function of the salivary glands, so that when required to maintain constant activity the saliva secreted by the glands has very little value as a digestive agent. The glands, as well as the muscles, and other parts of the body, require rest in which to store up the elements necessary for their proper function.

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We are pleased to announce for *The Surgical Clinic* a series of clinical reports from Prof. Nicholas Senn. Other most valuable material is being prepared for this journal, and no pains or expense will be spared to render its pages interesting and helpful. It is our purpose to make of it a journal you cannot afford to do without.

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I received a copy of *The Surgical Clinic* a few days ago, and admire it very much. M. B. POLLARD, M. D.  
Gadsden, Ala.

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Give lobelin in small and frequent doses to obtain the emetic effect from absorption instead of local irritation.

Macroton calms the reflex irritability, nausea, pruritus and insomnia, of the latter months of pregnancy.

## SIDE ISSUES.

I have taken the trouble to recommend many friends to subscribe to journals devoted to hunting and fishing. Read the following: "A year ago I consulted a physician. He said he would have to prescribe a rather novel remedy, and asked me for a check for \$25, to be expended for my benefit. He assured me if I would follow his instructions I would become a new man. This was what I was after, and I gave him the check without asking any further questions.

"In a short time I received my first copy of *Recreation*, which the doctor informed me was to be my first dose. He said I should read it through, and study to become interested in it. This I did. Following this came a fishing rod, tackle box and outfit, together with a bill for balance, the \$25 failing to connect. This was before the law opened for fishing, and the doctor commenced whetting my appetite for a fishing excursion. As soon as the legal season opened and fishing became good, the doctor arranged for a party to go out where there were plenty of fish. He gave me my first lesson in casting, and saw that I got the proper appetite for the sport. The result was, I bought a boat and spent some time, although not as much as I should, with the rod. My mind was diverted from my work, and the exercise and excitement did the rest."

How many an over-worried doctor could take a little taste of the wholesome, cleanly pleasures of life if he would only let himself think so.

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How do you like *The Surgical Clinic*?  
Can you suggest improvements?

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Macroton is esteemed an efficient preventive of puerperal convulsions, soothing the irritability present.

## COCA.

Dr. W. Golden Mortimer has just issued a remarkable book, a symposium in which are collected the statements received from over 1200 observers, on the action of coca. We append some examples of the conclusions (?) reached.

*Physiological Action.*

Appetite—	
diminished .....	27
increased .....	113
Blood pressure—	
raised .....	88
lowered .....	2
Circulation—	
stimulated .....	107
depressed .....	0
Digestive functions—	
improved .....	104
impaired .....	8
Heart—	
strengthened .....	117
irregular .....	3
Heat of skin—	
raised .....	36
lowered .....	1
Mind—	
stimulated .....	109
depressed .....	3
Muscles—	
strengthened .....	82
weakened .....	1
Nerves—	
stimulated .....	58
sedated .....	21
Nutrition—	
improved .....	85
impaired .....	4
Peripheral sensations—	
diminished .....	6
increased .....	8
Pupils and vision—	
enlarged .....	21
contracted .....	5
Secretions—	
increased .....	2
Bowels—	
constipated .....	6
relaxed .....	17
Mucous surfaces, secretion—	
increased .....	12
constricted .....	2
Skin activity—	
increased .....	13
lessened .....	1
Urine—	
increased .....	45
lessened .....	5

Lobelin increases the activity of all the vegetative functions as well as of innervation and circulation.



Respiration—	
deeper .....	14
increased .....	40
lowered .....	3
Sexual functions—	
stimulated .....	60
lowered .....	4
Sleep—	
improved .....	58
prevented .....	30
Temperature—	
increased .....	14
lowered .....	3
not influenced .....	3
Saliva—	
diminished .....	3

## Therapeutic Application.

Fail to get results with Coca.....	44
As a stimulant only.....	27
As a tonic .....	22
Have you noticed a tendency to formation of "habit" from the use of Coca?	
No .....	167
Yes .....	21
If so, was the patient subject to the formation of habit or neurotic?	
Yes .....	14
Antagonistic to other drugs (opium or alcohol) .....	21
Assists action of other drugs.....	1
Alcoholism .....	85
Anemia .....	50
Angina pectoris .....	12
Asthma .....	30
Brain .....	49
Pneumonia .....	23
Convalescence .....	16
Debility .....	141
Exhaustion .....	133
Fever .....	42
Heart .....	42
Kidneys .....	13
La Grippe .....	77
Lungs .....	32
Melancholia .....	64
Muscle .....	55
Nerve .....	65
Neurasthenia .....	124
Nutrition .....	66
Overwork .....	106
Sexual exhaustion .....	77
Shock .....	20
Stomach .....	43
Throat .....	20
Voice .....	58

## Food Value of Coca.

"Among the reports of these three hundred and sixty-nine investigators seventy-seven (20.86 per cent of the observers) recognize the food value of Coca and have employed it as a nutrient, chiefly serviceable in wasting diseases, in the typhoid condition and in convalescence."

Macroton in efficient doses relieves the neuralgic cramps and irregular or false pains of the first stage of labor.

Considering that these observations were made with the crude preparations of coca leaves, the infusion, wine, tincture and extract, the lack of uniformity is not wonderful. It illustrates well the absolute impossibility of obtaining trustworthy data on which to base accurate applications of these variable preparations. Compare with the precision with which the action and application of cocaine are marked out. It is quite certain that the most of the effects noted were really due to the wine in which the coca was usually prescribed; at least this is a supposable case, and adds to the uncertainty.

What a beautiful indication is to be derived from a study of this data. You give coca to your patient, with the confident expectation that it will improve his appetite or lessen it, stimulate or sedate his nerves, lessen or increase peripheral sensibility, enlarge or contract the pupil, constipate or relax the bowels, increase or dry up mucous secretion and urine; deepen, increase or lower respiration, stimulate or lower the sexual power; induce sleep or prevent it, elevate or lower temperature. It is only a stimulant, is a tonic, is neither, does and does not tend to form a drug-habit, and is good for about every ill of the human frame and is also good for nothing. In order to utilize the drug safely and intelligently you simply sit down by the bedside and watch for results, and then you'll know just what that particular sample will do. When you get a new lot, repeat the process.

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Dr. M. R. Hammer, of Newton, Minn., has been arrested on the charge of criminal abortion.

For angina pectoris give lobelin in full doses and rapid succession, to quickly relax the spasmodic condition.

**GOAT'S MILK A CURE FOR CONSUMPTION.**

Under the belief that with goat's milk consumption can be cured, an immense goat camp is being established in the Mogollon Mountains. A case is given of a man who came to Arizona suffering with the disease. With a few hundred dollars he bought a small ranch in the mountains and stocked it with Angora goats. On a constant diet of goat's milk he gradually regained his health and in two years nearly doubled his weight. It is his belief that any case of consumption can be cured by this treatment.

He insists on an absolute diet of goat's milk and allows no meat, but advises a moderate use of vegetables. His treatment consists of a pint of goat's milk with bread morning and evening, with half a pint at intervals of two hours during the day, and he avers that a dislike for the milk soon grows into a craving for it, particularly after the patient has begun the daily exercise required.

The question is asked, if the government should not take up the matter establishing a sanitarium, or a series of sanitariums, where more than 10,000 patients can be accommodated and treated at no expense, the profits from the goats in wool, hides and meat, being more than sufficient to pay for the care of the patients.

That is precisely the way the untrained lay intellect tackles topics medical. The man got well—ergo, the goat's milk not only cured him but will cure every other case of consumption!

Very likely.

Nevertheless, the mountain ranch is good; the goat's milk is good; the government idea is bad. Any one can start a sanitarium for himself as this man did. Put two consumptives together and it is not as good. Put three together and it begins to be bad.

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**A LITTLE of EVERYTHING EDITORIALY SUBMITTED.**

Prof. A. H. Ferguson was elected President of the Tri-State at Chicago.

✽

A South Dakota doctor, well known to your editor, wants to sell his place and practice on very reasonable terms.

✽

Philadelphia was compelled to appropriate \$386,000 on account of smallpox. This would build quite an imposing hospital.

✽

Brooklyn physicians have organized to establish a plant and dispensary, and manufacture their own medicines. Terribly commercial!

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Macroton relaxes the uterus and the soft parts, facilitating labor, shortening it and preventing lacerations.

Dr. J. W. B. Welcome, Sr., of Sleepy Eye, Minn., is gathering material for a history of medicine in the Minnesota Valley.

✽

The Cleveland doctors cackle like a laying hen because the Cleveland and Cuyahoga County societies are to unite. How about the Homeopaths and Eclectics?

✽

Reports from Manilla give the total number of cholera cases as 140 and there have been 115 deaths from the disease. In the provinces 32 cases and 19 deaths is the record to date.

In retarded labor from rigid os or unyielding perineum give lobelin in small doses to the verge of nausea.

# LEADING ARTICLES

## QUEBRACHO AND ITS ALKALOIDS.

By W. C. Abbott, M. D.

**S**OME years ago the medical profession welcomed a new applicant for favor, in the form of quebracho, an extract from the bark of an evergreen tree of South America. It was presented as a specific remedy for the symptom of dyspnea, occurring in the course of any malady. Investigation showed that this extract contains at least six alkaloids, whose properties differ to some extent, though, as in the case of the digitalis glucosides, there is a strong similarity in their action.

Harnack and Hoffman found that aspidospermatine causes in the frog paralysis of respiration and of all striated muscle, including the heart. In mammals the most marked action is on the respiration.

Quebrachine exerts a precisely similar action on the frog, but is twenty times stronger in mammals, causing death by respiratory paralysis.

Quebrachamine closely resembles aspidospermine.

Aspidosamine closely resembles aspidospermatine on the respiration and

muscle fiber, but also paralyzes the motor nerve-ends.

Aspidospermine,  $C_{22}H_{30}N_2O_2$ , was discovered by Hesse. It is soluble in alcohol, in 106 parts of absolute or 48 parts of 90 per cent ether, 6000 of water, and easily in benzoin or chloroform. The salts are very soluble. It is very bitter. It forms colorless, hard prisms, or fine acicular crystals. Potassium iodide, Mayer's reagent, potassiumbismuth iodide, bromine, and phosphomolybdic acid, give white precipitates with very dilute solutions; picric acid with a solution 1-1000; but tannic acid only in concentrated solution. Concentrated sulphuric acid and Frøehde's reagent dissolve aspidospermine without coloring. In diluted perchloric acid it dissolves on heating, with red color.

Small doses stimulate the respiratory centers, making the breathing more rapid and deeper, slowing the heart and lowering temperature. Large doses cause, by centric action, tonic contractions and convulsions. Lethal doses render respiration slow, weak and arrhyth-

mic, death coming from apnea. The heart continues to contract after the breathing ceases. The effect is especially on the medullary centers, as shown by nausea and respiratory changes; and on the spinal cord, as indicated by the convulsions, and increased reflex excitability. The muscular fibers are weakened and finally paralyzed in the frog, but not in mammals. The circulation is weakened by the nausea, and directly by lethal doses (Cushny). Eloy and Huchard noticed diarrhea and diuresis occurring sometimes, and a diminution of the hemoglobin. The venous blood of animals after toxic doses is red, like that of animals killed by bulbar puncture. Penzoldt explained this by attributing to aspidospermine the power of increasing in the red blood cells the capacity of absorbing oxygen, and depriving them of the power of parting with it to the tissues.

While this alkaloid causes nausea in overdoses it does not occasion vomiting, even in excessive doses. It increases the mucous secretion of all the respiratory tract, and also the saliva.

Quebrachine has the formula  $C_{21}H_{26}N_2O_2$ . It forms delicate acicular crystals, intensely bitter in solutions, almost wholly insoluble in cold water or alcohol, alkalies or ether, and easily in chloroform and in boiling alcohol. It is dextro-gyrate. It gives no color with iron chloride. Boiled in perchloric acid it becomes yellow. A solution in concentrated sulphuric acid becomes bluish in a few minutes; adding potassium bichromate it becomes blue, and finally reddish brown.

Quebrachine is a powerful respiration paralyzer; 0.005 (gr. 1-12) injected in-

travenously kills a rabbit instantly by respiratory paralysis. In mammals the paralysis is preceded by a brief period of increased irritability, the rate and depth of respiration being increased, and muscular spasms following. In frogs it paralyzes the motor apparatus, first affecting the peripheral respiratory nerves, whereas the other quebracho alkaloids affect the centers (Liebreich). The pulse is slowed to stopping, but only after respiration ceases. In toxic doses the breathing deepens, the rate of respiration being unaltered; the quantity of air inhaled is greater, but the excretion of carbonic acid gas does not correspond. The blood absorbs and retains more oxygen (Penzoldt), the medulla lacks oxygen, and dyspnea results.

Quebrachine also lowers the temperature, even small doses causing a fall of 12 to 14 degrees F. in ten minutes (Eloy and Huchard); at the same time increasing the secretion of urine.

Schiffer found that an extract of quebracho bark caused in a mammal (rabbit) muscular weakness, followed by paralysis, with greatly diminished reflex excitability, the deepest narcosis, with rapid breathing, the heart and pupils unaffected. Death was preceded by convulsions. The motor nerve-trunks even before death were almost devoid of functional activity.

Eloy and Huchard found that after removing quebrachine, hypoquebrachine, aspidospermine and aspidospermatine, the residuum had some effect on the sensibility, although the four bodies removed had none, but produced tonic convulsions and reduced the temperature. Aspidospermine greatly excelled the



Macroton augments the energy and regulates the rhythm of pains occurring during the second stage of labor.

Macroton used during the early stages of parturition is believed to aid effectually in preventing hemorrhage.

other alkaloids as to the effect on respiration.

We see therefore that the physician who prescribes the extract of quebracho has at his command an agent of undoubted power. It may, if aspidospermatine be predominant, cause respiratory sedation and muscular debility to a certain extent; if quebrachine be the predominant alkaloid he will get twenty times the same effect. If aspidosamine be the principal alkaloid in the sample he secures, he will have in addition to cope with paralysis of the peripheral termini of the motor nerves. Should he be fortunate enough to secure a preparation in which all the foregoing exist in small amount, but aspidospermine is richly present, he will obtain the respiratory stimulation he seeks, with lowered temperature and slower pulse, without any weakening of the heart. He may find the reflex excitability lowered or heightened, as the case may be. Possibly the bowels will be loosened or the urine increased in quantity, but then again nothing of the sort may occur. Maybe it will induce profound narcosis, or drop the temperature 14 degrees, or affect the sensory nerves. In short, there is a terrifying uncertainty as to what effects are going to follow the administration of quebracho, that is calculated to keep the physician guessing. Probably his best plan after prescribing it is to sit on the fence until summoned, with stomach-pump in hand.

The effects of aspidospermine are distinct, uniform and unvarying; their quality and degree of action can be calculated to a nicety—the effect is certain when the indication is presented.

Aspidospermine has been employed

for the relief of dyspnea, as occurring in the course of asthma, emphysema and other respiratory maladies. It is less effective in the dyspnea of pulmonary tuberculosis. Harnack asserts, however, that the best quebracho alkaloid for this purpose is quebrachine.

Eloy and Huchard recommend aspidospermine as an antipyretic in fevers. Fronde gave it in typhoid fever to lower the temperature and stimulate the lungs. It has proved of service in every form of dyspnea, bronchial, cardiac, nervous, even in that of uremic origin (Wood), as well as in emphysema and in spasmodic croup.

Picot states that taken before hill-climbing, it increases the respiratory endurance.

Its effect in relieving cyanosis is marked (Shoemaker). In a child with double pneumonia, it decidedly improved the breathing and the heart-action (Lawrence).

In acute rheumatism and in serous inflammations, it sedates the pulse and lowers the fever (Shoemaker).

The dose is somewhat doubtful, and Penzoldt says that it must be separately ascertained for every case. As 0.003 (gr. 1-22), hypodermically, causes muscular tremor, it is best to begin with doses of 0.0005 (gr. 1-134) repeated every hour or oftener till the desired effect has been obtained. The dose thus ascertained may be given subsequently at once.

For hypodermic use the chloride is suited by its ready solubility in water. Dose 0.0005 (gr. 1-134), not exceeding 0.002 (gr. 1-33).

Or for hypodermic use dissolve 0.2 of aspidospermine in water 10.0 with the aid

In eclampsia the powerful relaxing effect of lobelin would prove valuable when veratrine is not available.

The dose of lobelin is 0.005 every five minutes as an emetic, every ten to sixty minutes for other purposes.

of a trace of sulphuric acid, neutralizing if necessary with sodium bicarbonate (Bocquillon-Limousin). The doses given for the commercial aspidospermine cannot be taken as applying to the pure product now employed under that name.

Quebrachine hydrochlorate dissolves easily in hot water and remains in solution on cooling. The average dose is 0.005—0.1 (gr. 1-12—1 1-2) three times daily; or better, 0.001 (gr. 1-67) every hour or oftener until the desired effect is obtained. It is of use in asthma, emphysema, bronchitis with marked nervous irritability and dyspnea, and may be used in affections characterized by hyperpyrexia.

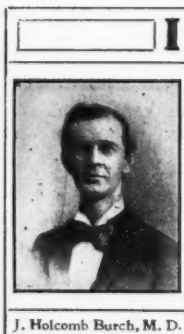
If the physician is not going to delve deeply into the active principles of quebracho he had best content himself with two things and should so fix them in his mind that they will stick forever. (1) Never use the extract under any circumstances if the alkaloids are attainable. (2) Always use aspidospermine to the exclusion of the others and learn how to use it right, remembering that it relaxes spasm, stimulates the breathing mechanism and slows and steadies the heart, effects desired in all cases of dyspnea; therefore the indication. Give aspidospermine in dyspnea; give it right and you will not be disappointed.

Ravenswood Station, Chicago.

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#### THE VALUE OF BLOOD EXAMINATIONS IN PRACTICAL MEDICINE.

By J. Holcomb Burch, M. D.



It is somewhat strange, when considering the immense amount of work accomplished within the domain of general pathology, that so little advancement has been manifested in regard to the most important tissue of the human economy—the blood.

Only a few years ago, when I began the clinical study of this interesting subject, there was scarcely any literature attainable relating to it in the English language. I found a few isolated articles and some of the text-books briefly considered some of the most important problems of blood pathology, but a sys-

tematic treatise had not at that time been written in our language. I well remember my difficult task in reading "*Klinische Diagnostik*," by von Jaksch, in German, Hayem's "*Du Sang*" in French and "*Microscopia Clinica*," by Bizzozzero, in Italian, but, the time was well spent. Now our own language is becoming almost daily richer upon this important field of research. We have Cabot, Ewing and Da Costa, all of which are excellent.

The study of the blood that appeals mostly to the busy practitioner is that of leukocytosis. For, while the numerical relationship and morphology of the red cells are very important, the excess, defect, and perversion of the leukocytes are more accessible and reliable guides in the diagnosis and prognosis of acute diseases.

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In the early stages of acute respiratory catarrhs lobelin ranks with emetin and apomorphine, being the most sedative.

Lobelin energizes the uterine contractions and relaxes every bit of spasm or rigidity anywhere in the body.



Let us take, for example, a grave case of pneumonia. If our blood examination demonstrates a deficient leukocytosis, we may know that the prognosis is grave. If, on the other hand, the number of white cells is increased, our mind is more at rest.

It is not always as easy as the books would indicate, to diagnose appendicitis. There are many conditions of abdominal pain and tenderness that simulate it very closely. The following case came under my observation:

L. E., æt. 47, occupation mechanic, was attacked with a severe pain in the right lower quadrant of the abdomen, with extreme tenderness upon pressure, more marked directly over McBurney's point. He had suffered from slight indigestion for several days, although he informed me that he had not been constipated during his indisposition. The pulse was rapid and weak, and the temperature 99 F. I prescribed full dose of magnesium sul. and ordered an enema. In the afternoon of the same day the temperature was 102 and the pulse 120, very weak and compressible. The tenderness was increased and more circumscribed at McBurney's point, together with retraction of the abdominal muscles and dullness upon percussion over the involved area. The enema, I was informed, had been effective, he having had a thorough movement. I thought this a case of appendicitis and I wished to verify the observations of others in regard to the accompanying leukocytosis; but, much to my surprise, I found a deficient leukocytosis, the examination of the urine at the same time revealing large quantities of indican and colon bacilli. The next day the condition was yet more grave. I called counsel and

an operation was advised. Before proceeding with the operation, however, we decided to make use of the long rectal tube to assure ourselves that there was no impaction. We did so, and were surprised to find our appendicitis transformed into a case of impacted colon.

Nearly all inflammatory conditions are accompanied by leukocytosis; and many times, very obscure cases of abscess formation may be cleared up by a timely blood examination. The greater number of infectious diseases are also characterized by an increased number of leukocytes, the principal exceptions being typhoid fever, grippe, malaria, tuberculosis and tubercular affections.

Blood examinations during the course of typhoid fever are very essential; for, while we expect deficient leukocytosis, we may know that should an increase in the number of the white cells become manifest, we are to anticipate serious complications, such as perforations, pneumonia, etc.

I was once enabled to differentiate a case of acute miliary tuberculosis from typhoid fever by means of blood examinations. the patient, Millie V., æt. 15 years, had been ill two weeks when I saw her. Her family history was satisfactory and her previous health had been excellent. She had been under the care of a physician whose diagnosis was typhoid fever. I found her with a morning temperature varying little from 102 F. while that of the evening was 104 F. The pulse varied from 110 to 120, the tongue was dry, the face flushed and there were also ileo-cecal gurgling and diarrhea. The spleen was distinctly palpable, there was hacking cough, jerky respiration and prolonged expiratory murmur over apices; but there was no



In plethoric persons with full pulse lobelin is a better expectorant than any other agent in our entire list.

Lobelin is a sedative in all fevers and local inflammations, but its principal use is as a secretion stimulant.

dullness upon percussion. There were no rose spots but there was a low muttering delirium. Examination of the urine revealed neither casts nor albumin, but a distinct diazo reaction. Widal-Johnson reaction absent after many trials. A blood examination revealed red cells normal, deficient leukocytes, the prominent variety being the large uninuclear lymphocyte and now and then but by no means frequently, a large myelocyte. This form of leukocytes predominating, together with the negative Widal-Johnson reaction, led me to think of acute tuberculosis, which was later confirmed when a specimen of sputum could be procured.

I could mention many other cases where blood examinations have greatly assisted me in diagnosis and treatment; but, I shall weary my readers only with a few words upon nuclein. This may appear somewhat foreign to our subject, but when we take into consideration that the only truly scientific method of determining the physiological action of this valuable medicament is by accurate blood work, I think that it is *apropos*.

Nuclein is a valuable therapeutic agent; but I know of no drug more recklessly exhibited. So far as I have been able to discover, it has but one action. It increases leukocytosis; and, by so doing provides the blood with an army by which infection may be combated. Its true indication is deficient leukocytosis. This I demonstrated to my satisfaction by a long series of blood counts a report of which may be found in *The Medical News*, April 30, 1898. It is indicated in all forms of infections where a protective phagocytosis is demanded.

A few words may not be amiss in regard to a simple and practical technique of making blood examinations. The first requisite is a good microscope provided with a 1-12 inch oil immersion lens; although, fairly good work may be done with a 1-8 objective. The next essentials are a mechanical stage, blood-counting apparatus, reagents, stains, cover glasses and slides.

I shall only mention the more simple and perhaps crude methods that may be resorted to by the busy practitioner.

You wish to examine the blood of one of your patients. You are first to wash the lobe of the ear with soap and water; then, with a sharp spear-pointed needle this part is to be pierced with a quick effective puncture. You are to have in readiness several slips of tissue paper about one-half inch in width and three in length. When the blood issues from the puncture, the summit of the drop is to be touched with one of these strips, near its extremity, and the paper is then to be gently and evenly drawn across a slide or cover glass. You will now have secured an even smear which will soon dry. This is next to be fixed. There are several methods for accomplishing this, as heating at an exact temperature of 110-115 C., an immersion in equal parts of alcohol and ether for half an hour or more; or, better still for the busy doctor, cover the smear with a solution of one part of formalin diluted in nine times its volume of water, and one part of the mixture thus obtained, to nine times its volume of alcohol. This solution is to cover the smeared surface of the slide for from two to five minutes. It is then to be washed off and dried with blotting paper. The smear is next to be immersed or covered with a stain-



For constipation of infants dissolve a granule of lobelin in a teaspoonful of water and give five drops as needed.

Lobelin is exactly antagonized by hydrastine. The former stimulates secretion, the latter dries it up.

ing fluid. I use the tricolor mixture of Ehrlich. This should remain in contact with the smear about fifteen minutes. The slide is now to be washed and thoroughly dried with blotting paper. A drop of balsam is then to be placed upon a cover glass, which is to be pressed over the smear and the work is done. This whole process comprises about twenty minutes. You are next to examine the specimen with a microscope. After a large number of blood counts I have found that a fairly accurate average of the normal relationship of the leukocytes may be computed as follows: Two polymorphnuclear leukocytes to each microscopic field.

One small lymphocyte to every five fields.

One large lymphocyte to every ten fields.

One eosinophile to every twenty fields. To be of any practical importance, this estimate necessitates the counting of at least a hundred fields and averaging the total amount; then, it is perhaps somewhat rude, and I mention it only as an approximative method for those who have not time to resort to the eye fatiguing Thoma-Zeiss apparatus.

You have now spent perhaps half an hour, you are conversant with the form, character and color of the red cells and the morphology and numerical relationship of the leukocytes. If you persist in this work in cases the diagnosis of which you are not certain, you will never regret the time and money expended. The satisfaction of doing our duty is many times of more value than the money we are to receive.

Baldwinsville, N. Y.

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## GALL-STONES.

By William F. Waugh, M. D.

**T**HE records of many thousands of autopsies show that about 10 per cent of persons dying from all causes prove to be affected with gall-stones. A necessary inference from this statement is that typical symptoms are only presented by a comparatively small proportion of cases, since there is nothing like such a multitude of cases presenting themselves to the practitioner.

Among the causes to be enumerated as giving rise to the formation of biliary calculi, sex comes first. The malady is at least four times more frequent in women. Of these 90 per cent have borne children. The corset has been charged with an important influence.

Undoubtedly the constipation characteristic of the sex has its influence. Age is an important factor, few cases occurring under 30, and the number increasing with each lustrum. Anything that tends to weaken the circulation, or impede the flow of bile, or to induce catarrh of the duodenum and the biliary passages, or to render the bile less solvent or more highly charged with the constituents of calculi, favors their production. Cattle alone out of domestic animals are affected by gall-stones, in them occasioned by the action of liver-flukes; and intestinal parasites have been blamed with the disease in man.

But the tendency at present is to attribute the malady to microscopic para-

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Lycopin has an ancient reputation in the bites and stings of venomous insects and reptiles. Dose 0.01 very often.

For moist eczema give hydrastine for dry eczema give lobelin; pushing each to the verge of toxic action.

sites, and especially to blame the bacillus coli commune. This organism invades the biliary passages, setting up catarrhal inflammation, with the production of mucus. If flakes of this possess sufficient solidity to act as nuclei, the biliary salts, cholesterin and bilirubin-chalk, are deposited thereon. At first the concretion is soft, but becomes more consistent, and quite hard if calcium carbonate be present in large proportion. Frequently the nucleus is found to be a bit of mucus containing a mass of bacilli.

There may be any number of calculi present, from one up to hundreds. Formed in the biliary passages, they increase in size in the gall-bladder. Single stones are rounded, multiple calculi faceted by friction against each other. The mucous membrane of the biliary passages is always diseased. The bacillus coli commune, harmless in its ordinary habitat, may develop pathogenic properties when bred in the gall-bladder, and when discharged into the duodenum occasions severe infective inflammations. Typhoid bacilli have also been found flourishing in the gall-bladder, and reinfecting the bowel.

As long as the calculi remain quietly in the gall-bladder their presence is not usually manifested by any disorder, but when they attempt to emerge through the cystic duct the trouble begins. Sometimes the patient complains of weight and uneasiness in this locality, with pain under the costal cartilages of the lower right ribs, or in the epigastrium, the back, or elsewhere.

The symptoms are not in any degree dependent on the character of the stone's surface, smooth calculi occasioning as much agony as rough ones.

When the stone enters the cystic duct the latter at once contracts spasmodically upon the intruder. Intense pain is felt in the region of the gall-bladder. The patient may exhibit typical symptoms of collapse, the face white and shrunken, the pulse weak and thready, skin covered with clammy sweat, voice sunk to a whisper, the extremities and nose cold, the facies expressive of agony and apprehension. Vomiting is usually present. The patient leans forward, guarding the epigastrium from touch, or rocks back and forward with moaning and groans. When the irritability of the muscular fibers is exhausted the spasm is relaxed and the calculus progresses into a new part, where the fibers at once contract in turn.

In this manner the stone creeps forward until it has traversed the cystic duct and enters the common duct. I have looked in vain for the remission described by Niemeyer at this point. True, the common duct is somewhat larger, but the stone causes spasmodic contraction here just as elsewhere, and I have never known any remission to occur. The same symptoms continue as the stone slowly progresses through this duct and finally rolls out into the duodenum, with instant relief, the patient falling back exhausted and usually going to sleep. A sore, bruised sensation remains, gradually subsiding in a few days.

Reabsorption of bile begins the moment the stone reaches and occludes the common duct. This occasions jaundice, traces at least of which are always found after the passage of a gall-stone, even if the paroxysm be slight. Intense itching attends it, sometimes so severe that in the worst agony of the paroxysm the



Lycopin has been recommended for pulmonary hemorrhage and other symptoms of the first stage of phthisis.

It is not to be wondered at that Thomson found lobelin useful in so many maladies, as they were in his day.

patient has stopped moaning to ask me to get ready to combat the coming pruritus.

The stone should be secured by passing the feces through a sieve; as its rounded shape serves to show if it is a single one, or the facets indicate the presence of one or more other calculi; while if no stone is found, and the symptoms indicate that it did not enter the common duct, it may have dropped back into the gall-bladder.

Sometimes the calculus does not pass through the ducts, but becomes impacted. Whenever the common gall-duct becomes obstructed the reabsorption of bile begins and its toxic effects become manifested. Bouchard tells us bile is nine times more toxic than urine, and that the liver forms in eight hours enough bile to kill its owner. Though the kidneys and the skin throw off some bile, it is not enough to atone for the failure of the natural excretion. When the cystic duct is obstructed the bile continues to pass off as usual, but the continued secretion of mucus by the lining of the gall-bladder continues, and it becomes distended enormously until rupture occurs. The gall-bladder is then felt as a rounded elastic tumor, projecting from behind the right costal cartilages, or lower down near the umbilicus.

If impacted in the common duct, intense and persistent jaundice results, with somnolence or coma, the stools white and fetid, vomiting, the urine loaded with bile, the sclerotics and skin yellow or even brown, the liver enlarged. Death may result from the toxemia. Sometimes ulceration ensues, the stone passing into the peritoneal cavity, the stomach or the bowel. Large stones en-

tering the small intestines may lodge at the ileocecal valve causing obstruction. Long and painful, and beset with perils, is the course of these ulcerative cases.

Suppuration of the gall-bladder may occur. In one case a gall-stone had existed for many years, causing severe pain in the left suprarenal region, and giving occasion to the morphine habit. At last the gall-bladder suppurated, and when opened a large stone presented itself and was removed. But years of suffering with repeated operations, ensued before life without morphine became possible. If not opened the pus may discharge in any direction, but usually the route is tortuous and relief but partial, death from exhaustion closing the scene.

After repeated attacks of hepatic colic adhesions are generally to be found between the gall-bladder and surrounding viscera, showing that peritonitis has been present. These adhesions subsequently cause nearly as much trouble as the stones themselves. Large single stones may in time completely fill the gall-bladder, obliterating its cavity, but spasmodic contractions of this viscus may still continue.

A form of calculous disease has been described by Ord, which simulates to some extent malarial fever. It occurs in young subjects, my most typical case being in a girl under 22. Chills occurred daily, attended with pain in the region of the gall-bladder, followed by fever, sweating and jaundice. In this case the chills recurred about 3 p. m. This patient died and the autopsy disclosed a calculus imbedded in a hepatic duct, with suppuration.

The diagnosis is easy in a typical case; the paroxysms of acute pain, beginning and ending suddenly, followed by jaun-

Lycopin is termed astringent, sedative and narcotic. It seems to have properties entitling it to consideration.

If *The Surgical Clinic* is made as good as its elder brother, it will be hard to beat. Frank A. Morrill, M. D., Somerset, Ohio.



dice and soreness, in a woman above 40. In atypic cases it is well to remember how much more frequent gall-stones are than they are diagnosed; and any recurrent attack of colic in a woman over 40 is to be attributed to this cause if no other is evident. Dyspepsia, anorexia, loss of weight and mental depression, are scarcely to be considered diagnostic, as they attend most chronic gastrointestinal maladies. The attacks are usually attributed to errors of diet, without much reason. Exposure to cold and wet are apt to be followed by attacks. In some inexplicable cases large calculi have ulcerated their way through to the bowel with little or no disturbance. The pushing upward of the tumor when the colon is distended with gas (Ziemsens's sign), is not wholly trustworthy, since adhesions may fix the gall-bladder and renal tumors may be pushed up.

Distention of the ball-bladder with jaundice is said by Robson to signify obstruction by cancer of the pancreas or of the common duct. Finding the stones in the stools is good evidence, but its absence does not negate their presence in the gall-bladder. The sieve should have meshes of 1-16 inch. If persistent jaundice be dependent on impacted calculi, it will probably be attended with the recurrent chills and fever described. If dependent on cancer, operation is precarious, as such patients are apt to die of hemorrhagic oozing. An exploratory incision is preferable to aspirating in cases of dubious diagnosis. Lead colic, flatulence, dyspepsia, gastric ulcer, renal colic, intestinal obstruction, membranous enteritis, ague, hepatic abscess and cancer of the liver or pancreas, are to be excluded by their appropriate symptoms.

The treatment is to be divided into



Lycopin has been recommended for chronic maladies in which the pulse is abnormally fast, the heart correspondingly weak,

that of the paroxysm and that of the interval. Basing my therapeutics on the belief that the pain is due to the spasm of the muscular fibers of the gall-ducts, and the consequent obstruction to the passage of the stone, the remedy I seek is the most prompt and effective of antispasmodics. This I find in the great alkalometric antispasmodic triad, glonoin gr. 1-250, hyoscyamine amorphous gr. 1-250, and strychnine arsenate gr. 1-134. Glonoin acts more rapidly than any other known remedy, and more powerfully. Hyoscyamine prolongs and intensifies this action. Strychnine acts by invigorating the affected fibers and enabling them to resist the tendency to fall into spasm, which is invariably a condition based on debility, on lack of control. The above dose should be given in hot water every fifteen minutes until relief, or until the evidences of hyoscyamine action are manifest—dry mouth, flushed face, dilated pupils, delirium. If this occurs and the pain is unabated, chloroform should be administered by mouth or by inhalation; but in such cases the question of surgical intervention arises at once. This treatment may be aided by hot applications, stimulating drinks and hot enemas. Vomiting calls for ice or mustard over the right pneumogastric nerve in the neck, or a hypodermic of atropine gr. 1-100 and morphine gr.  $\frac{1}{8}$ .

My objections to the almost invariable treatment by morphine hypodermically are, that it is not so effective an antispasmodic, and is exceedingly dangerous. A dose is given, but the effects are neutralized by the pain. The dose is repeated in quick succession under the patient's imperative demand for relief; it is doubled, trebled, given desperately at last. Just then the stone rolls out into the

When juglandin is given with quassin and diastase before each meal make the dose 0.03, or less if this physics,



duodenum, the antagonistic pain ceases and the whole force of the morphine is exerted. Result: A badly narcotized patient—too often a dying one. Chloroform is in every way preferable, more prompt, effective and safe; but I prefer to hold it in reserve, looking on cases resisting the "Triad" mentioned as probably demanding operation. Chloroform is still not so safe as the "Triad," is scarcely as prompt, and entails the danger of the formation of one of the most hopeless habits known to mankind. Nobody has as yet reported a hyoscyamine habit.

Durand's remedy, turpentine and ether, has the value of all antispasmodics. It is disagreeable, difficult to retain, and cannot be used hypodermically, as the "Triad" can if need be. The solvent effect of its ingredients, in the extreme dilution in which alone they can be present in the bile, is too trifling for serious consideration.

Olive oil is rather a remedy for the intervals. There is abundant evidence as to its utility, though the supposed stones discharged while taking it have been proved to be derived from the oil itself. Nevertheless patients taking one to four ounces of this oil daily have fewer and milder attacks and live more comfortably. One of my patients, after taking many cases of this oil, died of gall-stones, and hundreds of the calculi were found in her gall-bladder, without any evidence of erosion.

In the year 1890, a Philadelphia pharmacist, Mr. Llewellyn, called my attention to sodium succinate as a remedy for gall-stones. I began its use, giving five grains four times a day, continued for six to twelve months. The effect was uniform. The paroxysms of colic be-

came less severe and less frequent, until finally they ceased altogether.

In the twelve years that have elapsed there has been no exception. I am unable to say whether the remedy exerted a solvent action on the calculi or simply cured the catarrhal condition, or destroyed the micro-organisms causing the calculus formation, because none of my patients has given me an opportunity to make an autopsy. But the fact is as here stated. Whether the remedy will always exert as happy an effect, I am unable to state. Many other physicians who have utilized the salt on my recommendation have reported equally satisfactory experiences. Some have reported failures. As to these, it was always open to question whether the succinate was taken as above advised. Unless patients comprehend the nature of the remedy and its true use, they are apt to take it a few weeks, then neglect it; or if a paroxysm occurs, discard it. In no case have I known it to at once stop the paroxysms, or to even relieve the suffering when given during its existence. For the latter purpose we have in the Antispasmodic "Triad," glonoin, hyoscyamine and strychnine arsenate, a combination whose efficacy leaves little to be desired.

Several other remedies have been recommended as exerting a beneficial action similar to that described as due to sodium succinate. Among these are boldine, dioscorein and chelidonin. Of these, boldine is believed to influence the excretory function of the liver, producing normal bile. Dioscorein acts on the duodenal catarrh, the starting point of the biliary catarrhs. Chelidonin is believed to specifically combat the latter, relieving hepatic congestion and dissi-



Lycopin has been recommended for acute exacerbations of chronic maladies with general and cardiac debility.

Lead seems to be no longer used in medicine yet its sedative astringency is not paralleled by anything else.

pating jaundice by favoring the escape of bile by the natural channels. These may be given with the succinate, two granules of each four times daily.

No remedy relieves the itching like pilocarpine, which never fails. Give enough to cause slight sweating, one to three granules gr. 1-67 each every five minutes.

The bowels must be kept clear and aseptic; any development of bacteria therein beyond the normal conditions being prevented. The clothing, diet, exercise, etc., should be carefully regulated. Massage has been of undoubted benefit.

Mayo Robson gives the following indications for surgical intervention:

1. Repeated attacks, not amenable to medical treatment, wearing out the strength.

2. Suppuration near the gall-bladder.

3. Suppuration of the gall-bladder, usually attended by peritonitis.

4. Dropsy of the gall-bladder.

5. Obstructive jaundice from impacted calculi. Jaundice renders operation perilous.

6. Acute or perforative peritonitis starting at or near the gall-bladder with evidence of gall-stones.

He enumerates as eligible operative procedures, puncture, exploratory incision, aspiration, cholecystotomy, cholecystectomy and cholecystenterostomy.

Chicago, Ill.

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### TREATMENT OF TYPHOID FEVER.

By Junius F. Lynch, M. D.

Ex-President Seaboard Medical Association of Va. and N. C.; Visiting Physician St. Vincent's Hospital.

Read at the December (1901) meeting of the Seaboard Medical Ass'n of Va. and N. C.

**N**OTWITHSTANDING the fact that the mortality rate of typhoid fever has decreased during the past few years, because of the improved methods of treatment and sanitation, it is still a subject of the utmost importance to us; for it is estimated that in this country five hundred thousand people have typhoid fever each year, and of this number fifty thousand die. Like the poor, it is always with us. No age, no sex and no locality are absolutely immune. It attacks the old and young, male and female alike. Epidemics of it have occurred on the banks of the Yukon river and in semi-tropical Florida. It is ubiquitous.

And it falls to the lot of the general practitioner, as a rule, to treat and man-

age these cases; therefore it will be from the general practitioner's standpoint that I shall discuss the treatment of this disease. As every case of typhoid fever is a rule to itself, and text-book cases are rare, so must the treatment vary to some extent in each individual case; no hard and fast rules can be laid down. We know the infection comes from without, that the bacillus of Eberth enters the system through the medium of drinking water, milk or food, and may be inhaled in particles of dust.

The preventive treatment of typhoid fever, therefore, is of the greatest importance, and too much stress cannot be laid upon it. This was strikingly illustrated during the late war with Spain, when every camp became infected be-

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Lycopin appears to be a true cardiac tonic reducing the rate of the pulse and increasing its force at the same time.

Lead slows the heart, increases arterial tension, and checks the excretion of uric acid; acting slowly.

cause of the lack of proper precautions to prevent the spread of this disease.

The water supply should be carefully looked into, and all water boiled before being used; doors and windows should be screened to prevent the entrance of flies; the stools of patients should be received into bed-pans containing a strong solution of carbolic acid, and if deposited on the ground, immediately covered with quicklime; the urine should be similarly disinfected, and all clothing, bedding and linen soiled by typhoid excretions should be thoroughly soaked in a strong carbolic or bichloride solution. Thorough disinfection is the keynote in the prevention of typhoid, and close attention to it in all its details will undoubtedly prevent its spread. Thorough cleanliness is all-important, and after each stool the patient's buttocks should be cleansed with a strong antiseptic solution, and whenever bits of fecal matter have been spilled upon the floor the spots should be immediately cleaned and disinfected.

Of the medicinal treatment much can be said, for the remedies are only limited by the scope of the materia medica. The old carbolic acid and iodine treatment, and the turpentine treatment of Wood, were harbingers of the present antiseptic treatment, which has assumed so much importance, and given rise to a vast amount of discussion.

With due regard to the opinions of gentlemen far more eminent than I can ever hope to be, I believe that typhoid fever is strictly a self-limited disease, consequently I waste no time in efforts to abort it, and my faith in the internal use of antiseptics is by no means strong. They *do* prevent a certain amount of fermentation in the bowel-contents, and for

this purpose I use salol, because it is also an antipyretic. The idea of overcoming the bacillus of Eberth with a few grains of an antiseptic, I must confess, is beyond me. Typhoid fever is a disease of the whole body and not of the intestinal tract alone. I do not believe it possible to disinfect, sterilize or antisepticize twenty feet of intestine (or a single inch for that matter), with a small dose of an antiseptic drug. If the object is to reach the ulcerated Peyer's patches, your antiseptic by the time it arrives at that point, has become so attenuated that it is inert. The amount absorbed into the general system cannot be great enough to exercise a decided antiseptic effect, therefore, it seems to me that little, if anything, is gained by the administration of these remedies. The coal-tar antipyretics should be used very cautiously. They not only tend to depress the heart, but my experience is that in cases in which these preparations were used continuously, the convalescence was unduly prolonged and relapses were more common.

Quinine I never use, because I believe that it is not only useless, but its effect upon the nervous system is positively harmful.

The ideal way of treating typhoid fever would be with an antitoxic serum. I hope at no distant date we will have such a remedy at our command, but in its absence the Brand method, or some modification of it, nearer approaches the ideal than anything that I know of. Water externally, internally, and we might say eternally, is the watchword.

Dr. J. M. Peck, in writing on this subject, says: "Internally it acts as a solvent and carrier of waste matter. It feeds and soothes the famished and

In phthisis lycopin relieves cough, checks sweating and diarrhea, improves appetite and digestion and slows the pulse.

Lead acetate is a certain sedative in gastric irritability with pyrosis, diarrhea or dysentery; acting slowly.

parched tissues, favors metabolism and induces sleep, Nature's great restorer. If we follow up this effect with the free use of water externally, the first effect is the shock, the severity of which depends on the temperature of the water and the hyperesthetic condition of the patient. As a result of the reflex action produced on the nervous system, we have expansion of the lungs, increased elimination of carbon dioxide, increased oxygenation of the blood, increased blood-pressure and a consequent increased activity of the lymphatic and other glands, especially the kidneys, which means an increase in the excretion of toxins in the fluids of the body, and for your patient a bright eye and a clear head."

The Brand method, unfortunately, cannot be used as it should be in private practice, particularly in the country, for it is expensive and inconvenient. There are few of us, however, who cannot treat our cases with sponge baths, wet packs, or a spray. Whenever the temperature reaches 102.5 degrees F. the patient should be stripped and sponged for ten or fifteen minutes in water at a temperature of 70 degrees F., after which he is dried by rubbing briskly with towels, and then comfortably covered. Aromatic spirits of ammonia or aromatic vinegar may be added to the water to make it pleasant. I sometimes use the ordinary hand-spray, instead of the sponge-bath. By slitting the nightgown to the armpits this garment can be lifted out of the way, and the necessity of undressing the patient each time we use the sponge or spray may be avoided. In addition to the external use of water it should be given to drink freely and copiously, and for

this purpose it should be sterile. From eight to sixteen glasses a day should be given. In conditions of hyperpyrexia ice-water enemas should be given in conjunction with the sponge-bath. The ice-coil to the head is beneficial and grateful to the patient. Just here let me enter a protest against the constant use of the ice-coil over the abdomen as tending to still further lower a vitality already below par. When we have distinct toxemia nothing is so satisfactory as the injection of large quantities of normal salt solution either into the deep cellular tissue or per rectum and it is remarkable how readily and in what quantities the solution is absorbed.

Wilson in his "Applied Therapeutics," states the mortality rate with the Brand method to be seven or eight per cent, while with other methods it is twelve to fifteen per cent. You will find that Osler, Tyson, Anders and Pepper, all advocate this method above every other. In recommending this treatment I do not wish to be understood as advising against the use of drugs, for I believe that they do a vast amount of good when properly used; and symptoms demanding their use frequently arise during the course of an attack of typhoid. Sadly handicapped is the physician who does not take advantage of them. In my own practice I usually begin the treatment with small and frequently-repeated doses of calomel—say a tenth of a grain every hour for a day or two—and I have never had reason to regret it, for this drug flushes the sewerage system of the body as nothing else will, and arouses sluggish organs into a much-needed activity.

Strychnine, too, is an important drug, and one whose use we should not hes-

Lycopin is said to be specially tonic, stimulant and astringent to the mucous membrane of the bronchial tract.

In all forms of acute diarrhea and dysentery, lead acetate sedates the congestion and checks the discharges.

itate to avail ourselves of. It not only acts as a heart-stimulant and a very efficient one), but it also tends to prevent constipation. I like alcohol in typhoid fever. In addition to its positive food value it is a stimulant for which no substitute has been found.

In the advanced stages, where the toxemia is profound and there is threatened collapse, it should be used freely. The views of physicians as to the diet in typhoid are as varied as the treatment. Some go so far as to advocate the use of solid food, and their theories are very plausible. A. G. Barrs, an Englishman, in a paper entitled, "A Plea for a Less Restricted Diet in Typhoid Fever," states that his method of feeding in the acute stage is to give the patient "such wholesome food, *solid* or fluid, as he can take;" and he claims that in thirty-one cases thus treated he had only three deaths and two relapses.

I am free to confess, in spite of this fair showing, that I do not possess the courage to give to my typhoid fever patients solid food. I have known a relapse to occur as a result of the ingestion of a slightly overdone egg. It is a dangerous practice and I mention only to condemn it. The proper food is that which is easy of digestion, and which leaves no residue to excite undue peristalsis, or irritation of the ulcerated surfaces of the bowel. It follows from this, that our most valuable food is milk. It is easily administered and prepared. It has decided diuretic properties, and its excessive administration can be detected by the presence of curds in the actions. It is above all things nourishing, and

is easily taken up by a weakened and diminished digestive power. It is well, however, to allow the patient to sip it slowly, and thus avoid the formation of a large, hard curd. We all have our favorite method of giving milk, either with vichy, lime-water, or peptonized; I am inclined to think, however, that the plain milk, either raw or boiled, answers the purpose better than any of these combinations. I do not believe in over-feeding, but I do recognize the importance of sustaining and nourishing the patient in this disease. It is more important, probably, than in any other which we are called upon to treat. The food should be given in small amounts and at stated intervals. In addition to the milk, animal broths, preferably beef-tea, should be given to vary the monotony, though I think the amount of nourishment they contain is small. Eggs are of value, either raw or soft boiled. Eliminate eggs and milk from the diet, and you have the doctor seriously handicapped.

Typhoid fever kills either by perforation or by exhaustion. Perforation occurs in about six per cent of the cases, and prompt surgical intervention is the only treatment. Exhaustion may be produced by fever, diarrhea, hemorrhage or toxemia; therefore, the treatment can be briefly summed up as follows:

1. Absolute rest in bed.
2. Use the Brand method or some modification of it.
3. Sustain the heart and general system with judicious stimulation and nourishment.

Norfolk, Va.



Macroton in over-doses causes nausea, vomiting, depression, giddiness, and headache. Don't give overdoses.

In all forms of internal hemorrhage lead contracts the bleeding vessels and sedates the excitable heart.

## THE TREATMENT OF TYPHOID FEVER IN COUNTRY PRACTICE.

By D. W. Owens, M. D.

**F**EVER since typhoid fever was recognized as a distinct disease and its pathologic anatomy accurately studied, writers on the practice of medicine have taught that it is a self-limited disease, running a definite course, which cannot be materially changed or its duration abridged by therapeutic interference. It was said that it must "run its course," and all that we could do was to combat symptoms, meet the indications as they presented themselves, and "guide the patient safely through."

Doubtless the reason for such teaching may be found in the fact that the authors of the text-books on the practice of medicine are city physicians—consultants generally—whose observations have been made in consultations in large hospitals, in which patients are generally seen in the advanced stages of the disease, after profound pathologic changes have occurred, which necessarily require time for their repair. These observers rarely see the disease in its incipency, in persons of vigorous constitutions and surrounded by favorable hygienic environments, hence their deductions are not applicable to the disease as it occurs in the country, away from the contaminated atmosphere of city hospitals, and where the physician can have an opportunity to see the patient early, and institute rational treatment before the blood has been poisoned and the tissues damaged by the absorption of toxins from the alimentary canal.

Ever since I began practice, in 1885, I have doubted the correctness of the teachings of the text-books on this sub-

ject, and have demonstrated to my entire satisfaction, by actual experience at the bedside, that the course of typhoid fever can be favorably modified and its duration materially shortened by judicious treatment.

It is now almost universally conceded that typhoid fever is caused by a specific germ or bacillus, which is introduced from without into the alimentary canal, and there multiplies and develops, producing as by-products of its metamorphosis, certain poisonous substances—toxins—which are absorbed from the alimentary canal and by their deleterious action on the blood and the tissues give rise to all of the phenomena of the disease.

These facts being admitted as true, what is the most rational course to pursue, on being called to treat a case of typhoid fever in its earliest stages—the time when treatment should be begun in all cases? First, the patient should be put to bed, in a comfortable, well-ventilated room, if such can be had; and should be kept in bed throughout the entire course of the disease—under no circumstances should he be allowed to sit up or walk about, no matter how mild the case may seem to be. The next indication is to clear the bowels of all fermenting and irritating matters which it contains, and which serve as a nidus for the growth and development of bacteria; and this object can be accomplished by the administration of calomel, gr. 1-10, every hour till one grain has been given, followed by magnesium sulphate or castor oil. After the bowels have been emptied the next step is

Macroton is said to act on the heart in a manner similar to that of digitalis but not nearly so powerfully.

The astringent effect of lead has been utilized to check the loss of albumin in nephritis, desquamative or amyloid.



antisepsis; some good antiseptic should be administered, in safe quantity and at regular intervals, so that it will be kept constantly in contact with the infected mucous membrane, thereby preventing the further development of bacteria and the deleterious consequences of the absorption of their products. To accomplish this object I give salol two or three grains, with bismuth subnitrate five grains, every three hours; and continue this treatment through the first week and in many cases up to the time of convalescence. In a few cases I have given zinc sulphocarbolate three to five grains, and bismuth subnitrate five grains, every three hours, with equally good results; but I am not quite sure that I have ever had a chemically pure article of the sulphocarbolate. I have no reason to doubt that the W-A Intestinal Antiseptic is as good as salol, perhaps better, though I have not yet used it. Be it understood, however, it is the principle of antiseptic treatment I insist upon, and not the use of any particular article of the materia medica.

Simultaneously with the antiseptic treatment here suggested, alimentation should receive special attention.

As the principal lesions are in the small intestines, the diet should consist of such articles as are digested and absorbed in the stomach, leaving as little residue as possible to pass down into the intestine and there undergo fermentation. In my experience, the best of all food for the majority of cases met with in a country practice is milk, given systematically, two to four ounces every three hours, day and night, being governed as to quantity, of course, by the condition of the digestive organs. Under this regime diarrhea rarely occurs,

in fact constipation is the rule, and the bowels may be kept open by an occasional dose of castor oil during the first week, and by enemas or glycerin suppositories in the later stages of the disease. If there is a little too much looseness of bowels after the action of a laxative, a few small doses of Dover's powder given at intervals of four hours will generally be sufficient to restrain it. If at any time during the course of the disease the tongue should become dry and the bowels tympanitic, or if diarrhea should persist, oil of turpentine, ten to twenty drops in emulsion, should be given every three or four hours till the condition is improved, then gradually suspended.

I rarely have to resort to the use of antipyretic drugs, but if the temperature rises to 103 degrees or above, sponging the entire surface of the body with cold water three or four times a day is generally all that is required. If, however, the temperature continues high in spite of the cold sponging, a small dose of acetanilid, two to five grains, may be given once or twice in the twenty-four hours if the heart is not too weak. This will reduce the temperature two or three degrees, and with the reduction of temperature the pulse will be reduced in frequency and improved in volume and strength. But under no circumstances should acetanilid be given in large doses or too often repeated, for profuse perspiration with cyanosis and collapse will be the result of its too free use.

In cases complicated with malaria, a few full doses of quinine given in the remission so as to be in full operation at the time of the expected exacerbation,

Macroton has been recommended as an efficient cardiac tonic, increasing the digestion and improving the appetite.

Lead acetate should never under any circumstances be administered when the renal elimination is defective,

will eliminate the malarial element and leave only the typhoid to combat.

In conditions of dry tongue with low muttering delirium and *subsultus tendinum*, atropine sulphate gr. 1-100 at intervals of twelve hours has proven a most efficient remedy in my hands.

This is the line of treatment I usually pursue, modified of course as the indications in different cases require; and I have not had a death from typhoid fever in my practice in over ten years. Many of my patients are convalescent by the end of the second week, and it is very rare for convalescence to be delayed beyond the end of the third week, except in cases in which treatment was begun late in the case, when Peyer's patches and the solitary follicles are already in a state of sloughing and ulceration.

After an experience of seventeen years I am convinced that if proper treatment is commenced early, while the disease is in its incipency, and judiciously conducted till convalescence is fully established, a "typical case" will

rarely if ever be seen; and that the infiltration of the intestinal glands will end in resolution and seldom advance to the stage of sloughing and ulceration.

Mosheim, Tenn.

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The reader can compare the treatment presented in these three papers, and that advocated by the CLINIC; which may be summed up as follows: Empty the bowels with calomel, Saline Laxative and colonic flushing with warm solution of zinc sulphocarbolate; disinfect the alimentary canal with W-A tablets; keep the bowels clear and clean throughout; support the heart with strychnine arsenate; control fever with veratrine, aconitine and digitalin as indicated, sepsis with baptisin, adynamia with nuclein, pulmonary stasis with sanguinarine, etc.; feed on raw egg-white, fruit juices, coffee, peptonized milk, Bovinine, and predigested foods; give turpentine for ulceration, atropine, ergotin, silver or hydrastinine for hemorrhage, and write receipts for bills paid instead of death certificates.—Ed.

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### TYPHOID FEVER.

By T. F. Speed, M. D.

Member of Lone Star Medical Association and of Central Texas Medical Association. Medical Examiner for the U. B. F. and T. B. A. Member of the American Medical Association, etc.

Prepared to be read before the Lone Star Medical Association at Houston, Texas, December 12, 1901.



GENTLEMEN of the Lone Star Medical Association:—

You will pardon me for attempting to write a paper on typhoid fever, the modern discussion of which dates back to 1813 and 1850.

Typhoid fever is described as a general infection caused by the bacillus typhosus, characterized anatomically by

hyperplasia and ulceration of the lymph follicles of the intestines, swelling of the mesenteric glands and spleen, and parenchymatous changes in the other organs. While these lesions are almost constant there are cases in which the local changes are slight or absent, and there are others with intense localization of the poison in the lungs, spleen,

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Lead is a powerful remedy when indicated, the effects slowly manifested, and dangerous if too long continued.

Acute Rheumatism: Empty bowels thoroughly, render and keep them aseptic, then give lithium salicylate .001 every quarter hour.

kidneys or cerebrospinal system. Clinically, typhoid fever is marked by a rose-colored eruption, diarrhea, abdominal tenderness, tympanites and enlargement of the spleen; but these symptoms are extremely inconstant, and even the fever varies in its character.

Etiology: There is no disease the etiology of which is better understood than typhoid fever. It is widely distributed through all parts of the world, and is everywhere an index of the sanitary intelligence of the community in which it originates. Bad ventilation, overcrowding, filth, defective drainage, and contaminated water supply, predispose the individuals exposed and form a splendid culture medium for the bacilli.

Some five years ago I was called to see a young man, who lived with his father about three and a half miles from the village. The house was built on the side of a hill, sloping westward; the drainage was perfect and the locality high and airy, surrounded by a pine forest, which made the house seem more like a place one would seek to recuperate in, than to be conducive to one of the most fatal maladies prevalent in this part of the southwest. I found my patient suffering from a very severe form of typhoid fever. The usual treatment, with some variations of my own which will appear later on in this article, was applied, and signs of improvement soon set in; only to be made more serious by his brother, a lad sixteen years of age, taken down with the same disease. My usual treatment for typhoid fever was given and in time both made uneventful recoveries.

The following autumn I was called to the same place, to see the father of the young men whose cases I have men-

tioned, only to find him down with this inevitable fever. Being an old man, recovery was rather long delayed, but he finally got well.

A neighbor of this man living on the opposite side of the hill, and whose premises were similar, had also suffered from repeated attacks of typhoid fever, so I set to work to find the cause of this constant appearance of this disease in so apparently healthy a locality. I found the barn and cow stables in both cases to be on the slope of the hill, with the wells on the lower side but in close proximity, so as to be convenient to both house and barnyard. I ordered the use of water from these wells discontinued, and wells sunk further up the side of the hill above the barnyards, and under no circumstances to use water from the old wells in the home.

Two full years have passed since, and no more typhoid fever has troubled these people.

Treatment: Much has been said in regard to the treatment or non-treatment of typhoid fever, so that I feel a sense of delicacy in expressing my views as to its treatment; but remembering that I have been very successful in treating this fever gives me courage. I have already narrated the main symptoms of typhoid fever. The abdominal tenderness or pain, and tympanites, should be treated with turpentine stupes, prepared by wringing a double layer of flannel out of a pint of hot water, containing one dram of turpentine, applied to the abdomen and fastened with a bandage encircling the body. The meteorism is a difficult symptom to treat. I have seldom failed to get results from this mixture: Gum acacia 2 oz., salol 2 drams, spts. turpentine 2 drams, elixir Lactopep-

Lobelin stimulates the secretions of stomach, intestinal tract and glandular appendages, and that powerfully.

In acute intestinal ailments, if you give lead acetate let it be in doses of .001 every half hour till effect.

tine q. s. to make three ounces. Mix. Direct. A teaspoonful every three or four hours, according to symptoms.

In this climate despite the contradiction by many authors of a typho-malarial fever, I have often given the following with marked effect: Quinine sulph., Phenacetine aa one dram. M., ft. caps. No. xv. Direct: One every two hours till the system is thoroughly under the influence of the quinine, then one three to four times a day. When the bowels are constipated, move them once in thirty-six to forty-eight hours. I find castor oil to be the best remedy for this purpose. It is decidedly better to have a constipated bowel than a diarrhea, and if diarrhea is present a starch and opium enema may be given, or bismuth in large doses with Dover's powder. Hemorrhage from the bowels is best treated with lead acetate and opium, and in severe cases ergot will be of service. The bedpan should be used to avoid getting up and down. When fever is above 102 degrees the patient will usually be very restless. Sponging with cold water should be resorted to. The Brand method so much talked about, can only be used in most homes as thus modified. I have found the injection of cold water in the rectum to lower the temperature in a short time. There is no danger from perforation, as the inflamed portion of the bowel is much higher than the amount of water necessary is liable to reach (from one-half pint to a quart). When the disease lasts several weeks a daily sponging with bay rum or brandy is very refreshing, and prevents bedsores.

The diet is one of the most important functions to look after in typhoid

fever, and milk here is the staff of life, not bread. Three pints of milk may be used by an adult in twenty-four hours. As long as there are no curds in the stools you may know that all of the milk is being digested. Mutton broth, chicken broth or beef tea, or a clear *consomme*, all of which may be made palatable by the addition of fresh vegetable juices. Thin barley gruel is excellent. Eggs may be given, either beaten up in milk, or better still in the form of albumen water. Some patients will like whey, buttermilk, kumyss, or matzoon, when ordinary milk is distasteful. The patient should be given water freely, which may be cold. Iced tea, barley water or lemonade. Alcohol is not necessary, as so many think, in all cases; but may be given when the weakness is marked, the fever high, and pulse failing. However, I have had better results from strychnine when a heart-stimulant was needed than from any other remedy. In young, healthy adults without nervous symptoms, and without very high fever, alcohol is not required and will do more harm than good.

Convalescence: Patients should not be allowed to get out of bed until they are sufficiently strong to make the change with safety. I have always allowed patients to sit up and to move about in bed, two or three days previous to their sitting up in chairs. The dressing of patients often causes more fatigue than their sitting up, and a dressing-gown only should be allowed at first. In some the strength returns very slowly, and a recrudescence with slight elevation of temperature lasting two or three days, is not unusual. Strychnine, iron and ar-



Overdoses of lobelin cause headache, vomiting, giddiness and collapse, sometimes even coma or convulsions.

If lead be given for a week or more it should be followed by some form of iodine to carry the metal out of the system.

senic are indicated in cases of anemia and cardiac asthenia. It is not safe to return to a solid food diet sooner than the fifteenth day after the fever has disappeared.

Hoping that I have said something in this brief paper that will by discus-

sion or otherwise benefit the profession, I thank you for your kind indulgence.

Jefferson, Texas.

— J. O. —

With most of the treatment described in Dr. Speed's paper, I heartily disagree. —ED.

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## WOMEN'S AILS.

By W. C. Buckley, M. D.

**P**LEASE don't forget when you are answering in your Query Column that the B. U. T., my uterine tonic, cures endometritis, menorrhagia, metrorrhagia, leucorrhea, dysmenorrhea, ovarian neuralgia, inflammation and all unpleasant symptoms of pregnancy; also relieves after-pains and favors involution very decidedly. It is not only a tonic but a uterine alterative and sedative, in all the above conditions, in a high degree, seldom if ever disappointing when the cases are well selected.

I would add here a precaution: Don't give the blonde patients as large doses as you would those of the darker complexion, but to the former administer in conjunction with the B. U. T., one or two granules of anemonin.

To the nervo-bilious patient it is often necessary to administer in conjunction with the B. U. T. one or two granules of strychnine, to cause equilibrium in the nerve forces, that is, between innervation and nutrition. Don't forget that the B. U. T. is the dominant treatment in all the above conditions, but the variant also is of importance and should not be neglected; these are such as strychnine, anemonin and sometimes others of different type. The B. U. T.

treatment was never cut for a cure-all but was intended to be prescribed by the physician; and as has been said, when properly prescribed no disappointment will be had. \*As in other cases the age, sex, idiosyncrasy, temperament and so forth must be observed. Then, to acute diseases oppose a sharp and active treatment, and to chronic ones a chronic treatment, and all will be pleasant.

I have just finished treating a case of neuralgic dysmenorrhea, one with great pain, very sharp, in which I administered one B. U. T. every two hours; relief came after the second dose and a cure resulted, so far as pain and all bad feelings were concerned, and sleep was produced after third dose. The next day the patient was well except feeling a little weak. I now prescribed some pills of Triple Arsenates and quassin, as she was anemic and also needed more appetite. This brought her to a natural state in a few days.

No patient need suffer long from this and similar causes when such remedies are administered early and properly, and their use continued as long as the cause of the affection exists.

\*I have been led to make this remark because I noticed once or twice in the CLINIC that the B. U. T. was used where it either should not have been prescribed at all, or else had been too fiercely given.

◆ ◆ ◆ ◆ ◆

Leontodin has some reputation as a stimulant diuretic, laxative and cholagog. Dose 0.1 to 0.3 at bedtime.

Reconstructives, the avoidance of irritation and gentle stimulation of function, serve best in chronic ailments.

I want to say here that many cases of prolapse of the uterus are cured by the use of the B. U. T.'s, given four times daily, especially if a House Elastic Abdominal Supporter be properly fitted and worn constantly. I have prescribed hundreds of these in connection with my uterine tonic pills, and have thereby cured hundreds of women who otherwise would never have been able to go about and earn or help earn their livelihood.

These appliances go ahead of all inside supports and they are never dangerous. I must say that as to the Vagi-

nal Antiseptics you manufacture for these unfortunate women, I don't see how they can be equalled. All women praise them, used either whole as a pessary or in solution; either one, they are *par excellence*. I applied recently to a prolapsed and sore uterus one of these tablets and had them continued so for three days, and the effect was immediate. In fact, they with the B. U. T. internally, effected a cure in one week, together with an ugly, offensive and bloody discharge from the vagina and a pruritus that was terrible.

Philadelphia, Pa.

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#### SURGICAL CLINIC.

The first number of *The Surgical Clinic* has been read with much pleasure, and I shall look forward to its monthly visits for many helpful points. Wishing you much success in the undertaking.

J. W. HALL, M. D.

Antrim, La.

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Your first journal is a "crackerjack." I sometimes think that inasmuch as the high-priced journals are mostly used as mediums by means of which the specialists inform us country doctors where we can get our big work done, that they ought to pay our subscription, for said journals, especially so as they claim to be very much opposed to any division of fees. I feel that your journal *The Surgical Clinic* will fill a long-felt want and be of much advantage to us specialists in the country who practise all the branches often unaided whether by consultation or trained nurse.

G. G. THORNTON, M. D.

Gravel Switch, Ky.

It affords me pleasure to come to your rescue, as you have so often come to mine. The doctor who would fail to respond to your call in this matter is not worthy the benefits he derives out of your valuable journals. He has none of the spirit of appreciation in his make-up. I am always with you.

DR. MINOR L. WILLIAMS.

Kelm, Texas.

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*The Surgical Clinic* is second only to THE ALKALOIDAL CLINIC. The only fault I can find with it is that it is not half large enough. However, I have watched THE ALKALOIDAL CLINIC grow from a journal of 16 pages to one of nearly 100 pages. I have faith to believe that *The Surgical Clinic* will grow both in size and helpfulness till it stands as high or higher than THE ALKALOIDAL CLINIC. Thanking you for putting two such valuable journals in the field, I am,

DR. E. R. BUCK.

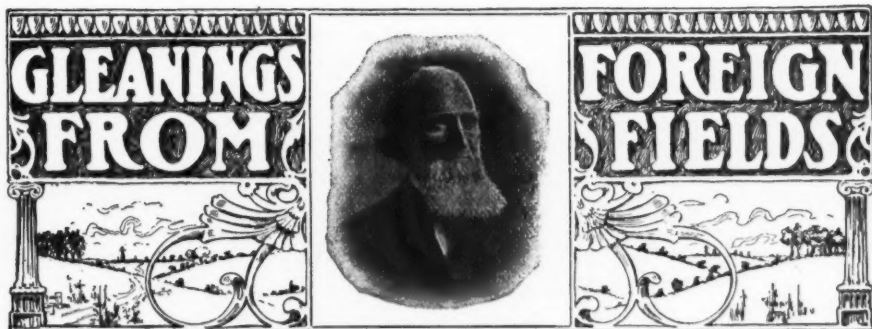
Hudson, S. Dak.

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Leontodin has been recommended as a useful cholagog in malarial dysentery. Use it especially in acute forms.

Both doctor and patient are usually in too great a hurry for the successful treatment of chronic ailments.





Translated by E. M. Epstein, M. D.

### SICK DIET.

Nutritives in health are, though yet not altogether unimprovable, still practically they are sufficiently known for the comfortable sustenance of life. In sicknesses, however, the greatest majority of which are wasting ones, the question of the *materia alimentaria* is, to say the least, as important as the *materia medica*. The live, non-fossilized physician of to-day, knowing the weakened condition of the human organism of the present generation, especially in our large cities and factory towns, will not dare to withhold food and drink from most of the patients, as his predecessors did. But what food to give, animal or vegetable, which will require the least expenditure of vital energy for digestion, absorption and assimilation, which will leave after these the least residue of decomposing stuff to become the soil for intestinal and thence of systemic sepsis? These are the questions at which the modern clinician works hand-in-hand with the physi-

ologic chemist to solve first in the laboratory and then at the bedside.

I have given in a recent *CLINIC* an article on "Puro," a much lauded European meat preparation, whose merits are the unaltered natural albumin it contains together with the stimulating meat bases and salts. But objections are raised, more or less rightly, against all animal-derived food, at least in certain diseases. And although respectable authorities affirm the identity of animal and vegetable albumin, still practically it is often found that the stomach is intolerant to animal albumin and it is contended that a vegetable albumin, properly obtained, would be a safer nutritive in every case.

Dr. Bruno Schuermayer of Hanover read a paper at the late International Medical Congress at Paris on "Roborat," a preparation of vegetable albumin, a preliminary communication of which, and a long one, appeared in the *Therapeutische Monatshefte*, for October,

1901. I give here a short resumé of the article.

Roborat is a preparation of albumin derived principally from the cereals. It is a dust-fine powder, easily soluble in water and tasteless, hence can be given in any pleasant fluid menstruum. It contains no objectionable ingredient and keeps unspoiled indefinitely. It contains 97 per cent and over of vegetable albumin, the highest amount ever obtained. Its proteids have the character of unaltered natural albumin. A great part of Roborat consists of albumoses and hemialbumoses. Combined with these is lecithin, a body containing an easily split, organically combined phosphorus, facilitating the digestion and absorption of the albumin.

The utilization of this albumin in the organism is the best attainable one, for which speaks even the laboratory fact, that a part of this albumin goes through the dialyzator unaltered. This is explainable by the kinship of albumoses to peptones, on which account too the former were called propeptones, but they have the advantage over them in that they do not increase the intestinal sepsis. Roborat does, in fact, diminish that intestinal sepsis.

Commercially Roborat has the advantage of greater cheapness. Five hundred grams (equals 16 ounces) of Roborat with a nutritive value of 100 eggs or five pounds of raw beef costs 2 marks, 70 pfennig (equal ab. 56 cts.). Roborat is manufactured by H. Niemoeller in Guetersloh, Westphalia, Germany.

The therapeutic value of Roborat was tried during one whole year in all cases of debility, whether as a result of a passed acute sickness or as a chronic

state of disease. Especially surprising was its influence in scrofulous patients with gastric catarrh, anemia, and bronchial catarrh, and in scrofulous adenitis. All such patients recuperated noticeably in from four to six weeks, and it was striking how the other given remedies had now an altogether different result from what they had before the Roborat was given them. In chloranemia of the highest grade in girls Roborat had a striking influence whether used alone or at the same time with inorganic iron. The following is an illustrative typical case: A. S., seamstress, 18, high grade chlorosis. The blood finding on May 1, as follows: Mass of erythrocytes according to Gowers 25 (normal 43 for Hanover). Relative amount of hemoglobin (after Sahli) 55 per cent (100 per cent normal equal 14 absolute).

Patient takes t. i. d., a child's spoonful (teaspoonful) of liquid ferr. Peptonate, Dieterich-Heflenberg. (This may be equal to the ferrum peptonatum of the U. S. Dispensatory, ed. 18, part II.)

May 18, erythrocytes 30, hemoglobin 60 per cent. May 24, erythrocytes 35, hemoglobin 65 per cent.

Patient does not take any iron now, but t. i. d., a teaspoonful of Roborat since May 26.

June 1, erythrocytes 35, hemoglobin 65—70 per cent. June 5, erythrocytes 35, hemoglobin 60 per cent. June 8, erythrocytes (Gowers) 42 (!). According to Zeiss equal 4.5 M (!). Hemoglobin 55—60 per cent. June 15, erythrocytes 41 degrees according to Zeiss 4.3 M. hemoglobin 55 per cent.

Under the combined treatment with Roborat and iron, the hemoglobin of the blood amounts to 75 per cent and



Our native materia medica is peculiarly rich in cholagoges. It is a pity they are not better differentiated,

Even when improvement follows the use of rapid and powerful remedies in chronic ailments, it is rarely permanent.

the patient has a fresh appearance, red cheeks, feels subjectively well and will go to work on the first of July. Her digestion has become good, her appetite sharp, the anemic cardiac sounds, and palpitation, as well as her headache are all gone. The production of erythrocytes under the influence of Roborat in this case is very striking.

In the initial stages of phthisis Roborat had the same good effects as in anemia. Bodily weight increased some, appetite and digestion became regular, the general appearance improved, while the patient had a subjective feeling of well-being, and the state of the blood improved week after week.

In the last stages too of pulmonary and laryngeal phthisis Roborat had a good influence. It was even surprising to notice the patients' recuperation for some weeks. They took the Roborat very willingly, the intestinal sepsis diminished decidedly, evidenced by the cessation of the diarrhea. Though the lives of these patients could not be saved, still the comfort which this remedy gave them shows well the absorbability of it under such extremely unfavorable conditions.

In a case of colitis and cystitis in a woman of 60, who was deprived of her night's rest by the tenesmus, Roborat was given for three weeks. The patient improved and the remedies which before had none, now had the best effect and in nine months the patient was able to take a pleasure trip abroad.

In gout the uric acid diminished under the influence of Roborat and the result was good, yet the improvement in the local affections was slight.

Where is the Habershon who will teach us how and when to use each of the American plant cholagoges? Tell what you know.

In diabetes too the Roborat does good service and the cakes made from it form a very welcome article of food for the patients. The author is nevertheless not in accord with the opinion that albumin can replace the mixed diet in all cases, nor that these can be cured by diet alone, and he insists therefore on combining proper medicaments with this new preparation of albumin, from which combination he saw the best results.

An iron Roborat readily suggests itself from the above cases of chlorosis. A combination of Roborat with creosote, which latter is still the best in the therapy of phthisis, or with any of its new derivatives will greatly augment its good effects.

Dr. Schuermayer sets great value on the making of a Kola-Roborat from which he anticipates great benefit because it is not always sufficient to merely convey as much absorbable albumin to the system as possible, but the metabolism of it must be brought into such a condition that it will not need so much of albumin to do a certain amount of work on the one hand and on the other to lay on more albumin during rest, than it usually does.

With Roborat cakes and Roborat chocolate we can conduct 15 per cent more Roborat into the organism as it were sportively. The dough is not diminished in its baking qualities by the addition of the Roborat.

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Ichthyol pure is recommended to be painted over erysipelas, especially of the face, then a very thin layer of aseptic cotton is laid over it and allowed to dry to it. The painting is to extend beyond

When nature sets up pathology chronically, we must humor her by instituting a chronic therapeutics.

the affected part of the skin, not neglecting the eyelids. On the thin layer of cotton, when dry, a thicker layer is laid and fastened with a bandage. In men, shaving must precede the painting, which is not to be repeated till the skin is healed. The patient feels a diminution of the torturing feeling of tension, immediately after the application of the ichthyol. It is rarely necessary to apply the remedy again on the lower cotton layer on the third day. The disease becomes limited to the affected place and after one week the cuticle peels off together with the thin layer of cotton and leaves a healthy epidermis beneath it.—(*Ibid.*)

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#### VEGETARIANISM.

True eclecticism (for there is a professional false one too) is the ideal of honest progressive medicine both restorative and preventive, just as fanatic sectarian scholasticism is the bane of it. In this respect there is an excellent contribution to "The Therapeutic Use of a Vegetarian Diet," by Prof. Dr. Th. Rumpf, of Hamburg, Germany.

He first reports on the metabolism of a vegetarian, who ingested daily 73 grams (equal 18 drams, 35 grs.) albumin, 28.6 grams (equal 7 drams, 1-10 gr.) fat and 698 grams (equal 174½ drams) carbohydrates, equal 3430 calories, who not only maintained his bodily condition, but who also increased his weight and laid on albumin, from which instance it is seen that the entire human nutritive demands can be fully covered from the vegetable kingdom. The advantages of a vegetarian nutrition consist generally in the prevention of an over-nutrition, especially with albumin,

and that in most cases the intestinal activity is essentially stimulated, and abundant stools result from this.

The often-made assertion that a vegetarian mode of living produces an early calcification of the blood-vessels is altogether unproven.

To gain a proper point of view of the required proportion of vegetable to flesh diet in our nutrition it is necessary first of all to weigh the benefits and damages of a rich flesh nutrition.

An over-supply of albumin is by no means a condition for a corresponding increase of the laying on of albumin but it is rather of laying on of fat, and of a series of disturbances, first of all those of the gouty kind, and even at an early age they evidence themselves in an over-excited nervous system and in bodily and mental prematurity.

The advantage of flesh nutrition is the smaller demand upon intestinal activity so that Rubner thinks it beneficial to supply the 35 per cent demand of albumin with flesh.

The rational therapeutic use of the vegetable diet has its place in habitual constipation first of all, then also in certain intestinal functions, which are characterized by painful sensations after every ingestion of flesh.

Rumpf saw also good results from the vegetarian diet in cases of a high grade of irritability of the heart which is apt to follow on excitement, excess of bodily exercise, sexual excitement and excesses. So also in exophthalmic goiter, but in cases of cardiac debility whether from a diseased condition of the coronary artery or from some other degeneration of the cardiac muscle, an exclusive vegetarian diet does not recommend itself, because the burden laid on the

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Enclosed find \$1.00 for *Surgical Clinic*.  
Would not do without it for twice the amount.  
—Dr. M. Groenendyke, Pitt, Ala.

Wanted in every community: A specialist who will take time to treat chronic diseases scientifically.

stomach in these cases makes its utility doubtful.

In gout also, Rumpf considers a long-continued subnutrition with albumin of doubtful utility, because many gouty persons have weak muscles and are exposed to the danger of losing strength. It is more proper in such cases to adjust a flesh supply to the working capacity of the body, and with it an abundance of vegetables. The same holds true in diabetes and in hepatic cirrhosis, where, however, the vegetables must be poor in starch.—(*Therapeut. Monatsh.*, Oct., 1901.)

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#### ABORTIVE TREATMENT OF LA GRIFFE WITH EMETIN AND QUININE.

Translated for the CLINIC from *La Dosimetrie*, March, 1902.

The persistent epidemic of la grippe induces me to say a few words about the dosimetric treatment of influenza, which may jugulate the monster in two or three days and protect the patient against grave complications, grippal sequelæ, prolonged convalescence, neuropathic accidents, etc., all owing to an infectious origin. Eleven observations made during six months allow me to recommend emetin and quinine in granules as heroic remedies against grippal affections, when one knows how to handle them skillfully.

At the appearance of the first symptoms of la grippe, two granules of emetin gr. 1-67 are to be given every hour, repeated three times, the ingestion of which produces no emesis at all and only a little warmth of the stomach, some salivation and a heavy cough for the time being. At times some alvine evacuations too, may be noticed.

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Leptandrin in doses of five grains is emetocathartic: in small doses it is tonic, cholagog and laxative.

Emetin exercises a stimulant action on the pneumogastric, which carries itself out in a heightened peristalsis of the smooth muscular fibers (especially those of Reissess) as well as in a deriving secretion. In this way, I think, can be explained the immediate decongestive action of the air passages, the rapid fall of congestive erethism and in one word the antiphlogistic process, which can be easily noticed at once. What is needed is a substitute which is deprived of the irritating parts [of the crude drug] which, thanks to the emetin of Charles Chanteaud, we have. (We very much doubt whether the emetin of Merck is a whit inferior to Chanteaud's or any one else's in the world. The A. A. Co. will bear me out in this. Translator.) All emetins do not act alike and vomiting (even nausea) is not a necessary condition of a successful abortion of the disease. It is important also to use the one milligram granule.

The relief from la grippe, treated with emetin, proves itself by the diminution of the dyspnea and of the violent cough, by shortening the period of invasion and above all by suppressing the danger arising from the hyperemia of the mucosa of the air passages. In two cases in which broncho-pneumonia had certainly commenced, I was able to observe plainly this decongesting action, suffocation ceased, auscultation showed the retreat of hepatization and finally the crisis of abundant rusty sputa. One phenomenon equally to be noticed in such a sleepless affection as influenza is the marked tendency to sleep which follows the administration of emetin. When this remedy has produced this decongestive effect which takes place after the administration of six or at times

The miracle monger who cures in the twinkling of an eye is out of place when chronic diseases are treated.

of eight granules, we must then begin with the antizymotic medication of quinine. The quinine hydroferrocyanate granules Charles Chanteaud (or those of the A. A. Co. of America) of one centigram each in two granules every two hours may be ordered without hesitation until ten or twelve centigrams are taken, if one wished to obtain the well tried effect of a real jugulation. I prefer, at this time, this compound salt because it seems to act better than its congeners in continuing the decongestive action inaugurated by the emetin, strengthening the heart's action and diminishing the tendency of forming broncho-pneumonic exudations. When heart failure begins to show itself then the dosimetric arsenal of Chanteaud (in France, perhaps prevalently far from it in America. Transl.) furnishes us with caffeine, sparteine and strophanthin, agents capable of parrying the attacks without delay.

The septic and febrile elements of la grippe are perfectly neutralized with quinine hydroferrocyanate and so too are the nervous and spasmodic symptoms. So also it is with headache, the lassitude, and the soreness of the bodily members, they improve from the first doses. The antithermic effect too is very evident; none of my eleven patients passed 38.5 C. (101.3 F.), which shows how marked, rapid and lasting the antipyretic action of the treatment is which I commend. With this method we are able to dispense with the massive quinine doses and avoid the ringing in the ears, the stomach trouble, malaise, vertigo, etc. Prostration, lumbago and other neuralgias of confirmed influenza undergo also a remarkable amendment. When the rheumatoid symptoms seem to predominate I replace on the second

day the hydroferrocyanate with the salicylate and the valerianate of quinine; two granules of each every hour until cessation of pain and complete fall of temperature to 37.5 degrees C. (97.5 degrees F.).

The analgesic action of quinine valerianate Chanteaud (equal in quality to that of the A. A. Co. Transl.) unites with the depurating and eliminating power of the salicylate and acts by the medium of the central nervous system to abate promptly the more harmful symptoms of la grippe. The correlated effects of the reduction of the temperature are the slowing of the pulse and respiration, the increase of the blood capacity for the absorption of oxygen, the elimination of the toxins of bacterial origin which are the veritable charcoal for pyretogenic combustion. Hyperthermia in la grippe is full of great dangers such as consequent accidental ataxo-adyndamia, also myocardic degeneracy, uremic poisoning and the greatest part of fatal complications.

The quinine medication in la grippe is much preferable to that of antipyrin, although it is perhaps superior as a sedative of the hyperalgia. In fact I have since 1889 (the December pandemic) become absolutely convinced that most of the nervous complications of influenza arise directly from the depression of the sensitive centers (noyaux) in the cerebrospinal sphere by the immoderate use of the dimethyloxyquinizine. In combating the morbid hyperexcitability antipyrin puts perhaps an obstacle to the favorable reaction of convalescence.

As soon as the last is established (which with the above treatment takes place in about five days) we continue with the quinine by means of Chan-



Leptandrin has been recommended in the milder forms of hepatic derangement with dyspepsia and acholic stools.

All diseases excepting traumatism are based on intestinal derangements. Who can prove the contrary?



teaud's granules of quinine cacodylate, bromhydrate or arsenate (the first has not been accepted yet in the A. A. Co.'s list. Translator) two or three before meals, i. e., four times a day. We shall thus also avoid relapses, recessions, repetitions and surprises of grippal toxemias; we restore cellular nutrition by continuing bactericidal action. This treatment is also one that is exceptionally well tolerated, and with it we abate gradually all the symptoms. With these fractional doses of bromhydrate, arsenate and cacodylate of quinine Chan-teaud (or others equally as reliable. Translator) the restoration of the organism follows almost as a matter of course; all the digestive and nutritive forces are amenable to remedies, as whenever we may have recourse to quassin, helenin or other pharmacal eupeptics, for whose curative support there will, however, rarely be any demand. Let us add, that physicians do not sufficiently utilize in their daily practice the toxic and reconstituent power of quinine salts in small doses. For my part I have rarely failed since I practiced medicine, that is since twenty-five years, to introduce this salt in cases of debility and dystrophia. I am indebted to them for many a therapeutic success.

The above treatment cures la grippe promptly, provided the patient keeps his bed until the fall of the fever. The diet should be milk, gruel, or bouillon gruel, *lait de poule*,\* turned cream and meat juice.

\* The literal translation "chicken milk" may sound somewhat absurd, but the French mean by this the following dish: "An emulsion made by beating up thoroughly the yolk of an egg with a little sugar and orange flower water, or other essence to flavor it, and then adding gradually, still beating, enough hot water to make a warm drink. Used before going to bed as a demulcent in catarrhal affections and as a nutrient in nervous debility. (Illustrated Encyclopedic Medical Dictionary.)

In some forms of diarrhea and in cholera infantum with deficient biliary secretion try leptandrin 0.01 every hour.

In the practice of pediatry and gynecology, a coupling which in a not very distant past generation used to go by the title of Diseases of Women and Children, we are not infrequently called upon to treat diseased states of vague and various manifestations. Dr. E. Hertoghe of Antwerp, Belgium, made a special study of these conditions in children and women and he comprises them under the name and condition of

#### HYPOTHYROIDISM.

In children we meet with a delay in growth, slow dental development, deficient development of the genitals, difficult walking and speaking, vacillations in mental development, adenoid vegetations, enuresis nocturna, etc. These states and conditions Dr. H. groups under the designation of Hypothyroidism, i. e., a deficiency of thyroid product in the system. This diseased condition in childhood tends decidedly to recovery. In grown-up women the deficiency of the thyroid manifests itself in growing gray early, falling out of the hair, caries of the teeth, disturbances in the air passages (stenosis of the nasal passages by swelling of the mucosa), alteration of the voice, disturbances in the optic and auditory apparatus, headache, retroflexion of the uterus consequent upon a deficient development of its posterior wall, myomas, dysmenorrhea, menorrhagia, rachialgia, muscular and articular pains, respiratory anxiety on account of pulmonary emphysema, abnormalities in the venous system (varix, piles), constipation, somnolence, etc. The administration of thyroïdin will be the test whether this disease of hypothyroidism is present or not. But the treatment must not be proceeded with too rapidly, and is



A perfect digestion is the surest foundation for a healthy, successful and happy career, in any walk of life.

lest begun with small doses and avoidance of cold baths and the use of alcohol. The initial dose should be half a tablet B. W. & Co. (this local dose is unknown to me, but Merck gives the dose from gr.  $\frac{1}{2}$  to gr. 1, t. i. d.).

In gastric complaints the iodothylin, Bayer, is preferable. Thyroidin is usefully combined with a few doses of sodium bicarbonate and in diarrheas with bismuth.—(*Ibid.*)

It is urgently requested that readers of this notice would clinically test the author's assertions and report on it in the pages of the CLINIC pro or con.

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#### MASTICATION.

Bolting unmasticated food into the stomach especially at business lunches' scanty hour, when the overworked business man of our toiling cities rushes out of the restaurant as soon as he has bolted his food, is mostly an American evil habit. It is perhaps on this account that the American is instinctively a *carnivore* and suffers from it in many a way, mentally, morally, spiritually and bodily. And if ever the American will be persuaded to become a vegetarian, two-thirds at least, he must be first persuaded to chew, chew, chew.

Here is what two physicians have investigated and reported:

The importance of mastication for the secretion of the gastric juice. A deficiency in the act of mastication makes itself felt in the deficit of the hydrochloric acid in the gastric juice when carbohydrates are ingested. In the ingestion of albuminous stuffs, as flesh, or hard-boiled eggs, a normal, and of course a hyperacid, gastric juice may be suffi-

cient for its task on account of the irritant effects of these stuffs on the mucous membrane in their unmasticated condition. But a subacid condition of the gastric juice is insufficient for either unmasticated carbohydrates or albuminous stuffs.—(*Ibid.*)

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#### LECITHINE IN THERAPY.

This body named from the Greek "Lekythos" meaning "yolk of the egg" contains nitrogenous and phosphorous substances and is found in all vegetable and animal tissues and in its constitution is very near the fats.

The lecithines are waxy, obscurely crystalline, very hygroscopic substances, easily soluble in alcohol, ether and chloroform and miscible with fats in every proportion. Its use in therapy is yet not extensive, but Lancereaux says: "Lecithine makes an excellent aliment and can render a grand service in cases of rapid denutrition." Huchard also concludes that "Lecithine medication ought to occupy an important place in medical practice in the treatment of anemia, in tuberculosis, in diabetes and above all in that of neurasthenia.

The dose is 0 gr. 10 to 0 gr. 20 (I transcribe exactly as vaguely as I find it, but suppose it is equal grain  $1\frac{1}{2}$  to 3), for hypodermic injections, or 0 gr. 10 to 0 gr. 50 (as above, equal gr.  $1\frac{1}{2}$  to gr.  $7\frac{1}{2}$ ) by the stomach. These doses are higher than they used to be given when this remedy first made its debut. There is no fear to be entertained now, since we know the harmlessness of this medicament, whether given per os or hypodermically.—(*Encyklop. d. Therap. Liebreich, and La Rev. Med.*, Oct., 1901).

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In typhoid fever when the liver fails to secrete bile leptandrin increases the secretion without purging.

A good complexion is an impossibility to man or woman unless the bowels are made and kept clear and clean.

# Miscellaneous Articles

## THE GIST OF SEX MATTERS.

Much has been written for the CLINIC on sex matters. Much has been said that is true and wholesome. Every physician, nay, every observing man, knows of facts that would benefit others, if these facts were known. It is only by relating what man knows that the world becomes enlightened. This has been the universal custom with everything except sex matters. They have hardly been privately spoken of, much less publicly expressed. This seems very strange, because when married people are sexually mated, and when these things are fully understood, they are the source of our happiest marriages; while on the other hand, if couples are not sexually mated and if the questions are not understood, our most miserable marriages result.

Sexual matters are not made vulgar when handled seriously by physicians, for the purpose of enlightening their fellow beings in attempting to prevent connubial unhappiness. The new husband should consider one point, that many women have very slight or no sexual desires up to the time of marriage. Never having had any physical desire or mani-

festation, their thoughts on the subject must be extremely vague, with no possible ability of forming any conception as to what constitutes the act—possibly even with a dread of what is to come. Place such a woman with a man passionately strong, uncontrollable, selfish, bent upon obtaining his full satisfaction and not considerate of his partner, not thinking nor even capable of thinking that she is not as he is, and not able to understand why she should not be as eager as himself. Such a woman will thus receive the first rude shock to her love, which she thought was all tenderness. It is strange but true that many men are gentle, unselfish and considerate in all things except this one, and here they are brutes.

The nuptial night is often the scene of the first real bitter disappointment, and many a man and many a woman can point to that time as the one which started their change of feeling. To those equally mated, both physically and sexually strong, it will be so different. It is not an overestimation to say that one-half of married people are not sexually mated; not being sexually mated,

they are not at all mated. Unhappiness, discontent, creeps into their lives from the first, and must continue as long as they live together. It is an extremely egregious error to think there can be happy marriages without being sexually mated. This latter is an absolute necessity. Where both are sexually weak or indifferent to such matters, a moderately smooth life may be led; but should only one or the other be sexually indifferent, or worse still, frigid, while the other is the opposite, there can be no happiness between them. When both are indifferent they may live a harmonious life. There can be none of that eager, mutual response, none of that inflammable, consuming, reciprocal desire, that warms the blood and causes each to strive to make the other supremely and felicitously blissful. This is what true love will do when sexually mated.

Where sexual indifference exists at first in the new wife, it lies mostly with the husband whether he shall make her unhappy, disappointed and discontented, and run the risk of ruining the future happiness of both.

To the young husband the advice is, don't force matters; you have married the woman of your choice and she will not get away from you. Let nature assert her own rights. The disposition will come if you can be patient, gentle and kindly loving, then nature will lend her assistance. Remember, the desire must sometimes be awakened and then cultivated. It will be worth all of your time to go slow. Do not crush out by impatience and rudeness that which you may never again be able to awaken.

There is nothing so repulsive, nothing so disgusting to a woman, nothing that is so likely to make her loathe even

her own husband, as to be forced to be party to an act against her will, when there is no desire on her part.

Man makes a great mistake in thinking that his desires must also be his wife's desires. Far from it; there are times when even the most passionate repel approach. In lower animals the male cannot approach the female unless it is her desire. She cannot be forced or induced by any means to submit. How different with the human female. With some women it sometimes occurs that months of married life elapse before coitus gives them much pleasure, or before orgasms occur. Many women never experience pleasure or have an orgasm. In some of these instances it is because of frigidity, or from natural physical defects, or from feelings of disgust and contempt for the husband. She does not love, neither can the husband awaken this love.

While love and passion may not be generally acknowledged as synonymous terms, yet a truly happy and blissful wedded life is such in proportion as these terms are synonymous. Love awakens sexual passion; it may not at first be consciously recognized. The Creator built his scheme of attraction between the sexes upon this very thing. Much as the pure minded may look upon this with abhorrence as utterly degrading, yet God implanted sexual desire very strongly in the human being, which takes but a touch, but a glance, to arouse; which are easily cultivated, difficult to resist, proving to be the source of greatest temptation to men and women of all classes and stations from time immemorial.

There is a natural affinity between man and woman and sexuality is the



In biliousness whenever the stools show deficiency of bile leptandrin is mild and effective. Dose 0.01 every hour.

I received a copy of *The Surgical Clinic* a few days ago, and admire it very much.—M. B. Pollard, M. D., Gadsden, Ala.

basis of it. It is the same awakening at puberty which unconsciously draws boys and girls together. Do not misunderstand; sexual passion itself is not dominant, but it creates feelings and sensations which imperceptibly and unconsciously lead to desires, which many take no pains to suppress, the results of which are disastrous to morals. The very fact that these desires are not at first recognized, that they are insidious, is just where the greatest danger lies. There is no doubt but that man is the active leading factor, the instigator, the tempter, the first to take the initiative.

For some reason difficult to comprehend, many women fall with the very slightest temptation. Many women have no resistance. In fact many do not want to resist, or if they do they have not the strength. They have less restraint or check here than elsewhere. To steal they could not be persuaded. To give up their virtue a little flattery with a little coaxing is all that is generally needed.

Man is the tempter? Yes, but victims seem only too easily found. There may be a reason for this—they were never taught. It has always been a forbidden subject, there has not been enough plain, forcible talk along this line.

Nothing should stand higher than virtue, nothing should be better rewarded. All men expect it in their wives, mothers, sisters, daughters and in their sweethearts, yet how many of them are a constant menace by their constant temptations to all women with whom they come in contact?

Man shows his strength not so much in a muscular sense, but in cunning and in deceit, by flattery, by persistence, by false arguments which are greatly as-

sisted by being permitted to fondle his victim, thus creating the desire, followed by impulses impossible for many girls to resist. By permitting herself to be fondled a girl is taking a very decided step towards allowing herself to be taken advantage of.

To prevent so much sexual promiscuity, fondling should not be permitted. Very little is gained by telling men that they must not. The difficult task lies with the woman, who must say, *thou shalt not!* It seems unfair to say that women must use all firmness, and exhibit stability of character, while men go unrestrained. Facts demonstrate that more depends upon woman's firmness than upon man's goodness. She must understand that for ages man has had his way, that he takes the initiative step always, and in the majority of cases he will do so when the slightest opportunity is offered. He will make opportunities if they are not offered. What then is there to do, but for a girl to realize this fact, fight it, refuse to allow herself to become a party to an act which she will forever regret?

Above all, do not be tempted under the plea of love, the most winning, the most seductive and the most successfully used plea of all. It would be better for both men and women to go to their nuptial bed pure. Their pleasure would be greater, their chance for happy married life would be greatly increased. Continence up to time of marriage would bring with it sufficiently great reward. The man ought to come as pure as he expects the woman to come. There is absolutely no more physiologic or sound need of man's indulgence either before or after marriage than there is of woman's. The cultivation of the habit in man leads



Leptandrin is a gentle stimulant to the entire intestinal tract and its appendages, and a gastro-intestinal tonic.

The treatment of pneumonia by serum therapy has not been attended with sufficiently marked results.



him to infer that it is a necessity, but it is only a habit. This is the chief excuse used by husbands to inveigle sacrificing and indulgent wives; and be it said to the shame of the husband, this excuse of necessity (?) is frequently accompanied with the threat that he will be compelled to go elsewhere unless gratified. He will not get sick or die if not always gratified. Even rigid continence has never killed anyone, or even debilitated them.

While men as a rule are more passionate than women, it sometimes happens that the latter manifest the greater desire. The tables then are changed, the husband is frequently called upon and not always when he is willing. Here again troubles reign and quarrels ensue, for selfish man, strange as it may seem, even in such cases complains bitterly if called upon at unseasonable times.

Married people should be sexually mated. Discord must exist without it. Proper and equal sexual relations bring a wonderful amount of harmony into and happily balance a married life. This has nothing to do with lascivious love. The purest, the most refined, the sweetest and gentlest love, makes the sexual act the more delightful. A mere lascivious love must lose much of the charm that belongs to a refined love. Men particularly grow tired of a love founded and originated entirely upon the sexual act. If the man is sexually strong, inconsiderate and selfish, the woman passionless and necessarily indifferent, and particularly if she is unwilling and obstinate, she will lose the love of her husband.

If he looks upon the bonds of matrimony lightly to save quarrels he will not attempt to gratify himself at home. Men

more than women expect sexual gratification. If the wife fails, just in that proportion is there sure to be dissatisfaction. It is a sad fact that many men consider wives useful but for this one purpose; and if she should fail, no matter what the cause, woe betide her.

It is not very difficult to understand why many wives fail to satisfy their husbands. Let us simply look at them, or look at many of the marriageable women—no health, no strength, no snap, no energy, listless, indifferent, anemic, thin, bloodless lips, narrow hips, sunken chests. What response can a vigorous man receive from such a woman? Turn the tables—what response can an impulsive, romping, full-blooded woman get from a puny, delicate, cold man? There are two sides always, and women have equal rights to present their side and demand reciprocity.

Is marriage then all sexuality? No! Emphatically, no! But most of the happiness of married life depends upon sexual reciprocity, sexual gratification, even if the indulgence be infrequent. The difficulty lies right here—custom says that such things must not be considered. Strong men marry delicate women and unhappiness results.

There is one thing that should be remembered, that if cohabitation gives the woman no pleasure it may and frequently does produce pain. Add to this pain disgust and dread, and who can blame her for resisting? The sympathy should be with both. It is not the fault of either. It is surely a great misfortune to both. The wife will surely be blamed by the husband. She is delicate and had no right to marry. Such conditions make unhappiness and another failure in marriage is added to the already long list.



In malaria and typhoid malaria after chills have been broken by quinine leptandrin restores hepatic function.

Tincture of *equisetum hyemale* has given invariably good results in the treatment of enuresis.



Divorces frequently show that second marriages are happier for both parties than first marriages, because love is sexually mated. Widows who have had no sexual pleasure during their first marriage have found it in the second. It is very much rarer for men to be devoid of sexual pleasure, and when it does occur, and when they are incapable of properly and satisfactorily performing coitus, it is frequently a result of masturbation—and a very just retribution it is.

Marriage is a custom, and frequently nothing is taken into consideration except one thing, and that is to get married. No matter how unfit physically, mentally, morally or sexually, no matter how misfit the contracting parties are, they marry for no other reason but to marry. Even temporary or rather momentary love is not always the incentive. The fact of their being physically and sexually mated is the very last and rarest consideration. Custom or rather fashion would consider this an extremely vulgar consideration.

Except in marriages of convenience, whether social standing or money considerations, desire to secure a home, or support, or as a convenience, to have one look after one's household and one's self, delusive infatuation is the chief cause of marriage. In many cases the delicate, the sickly, only too often through sympathy attract the strong. The helpless attract the helpful. Look at the wives of physicians and judge for yourself.

Free and promiscuous love is an abomination as execrable as it should be repulsive. One fact should, however, be considered. Look around you and see if it is not true. Divorce and death,

separations, no matter what the cause, show that what was considered a lasting and a true fervent love is afterwards discovered to be anything but lasting, and extremely tame as compared with newer loves. Men and women have equal capacities for several serious loves. Is this a shameful aspersion upon Love's constancy? Upon morals? If so, make your own observations, and you will find that the facts exist, that it is not merely an idea of the writer's. For some there may be but one love, unwavering as the firmament, yet familiar fact plentiful enough shows that one love may be replaced by another and sometimes by others. Many of my readers can verify the fact that first loves are not always the happiest.

The point at which the writer is driving and the lesson to be deducted from the above statements is this: Do not select a sickly, puny partner, or one that is physically, mentally or morally unsound; one that is not your equal, provided of course that you are sound morally and physically. If the one whom you have selected is not up to the above standard, and if love is the real or apparent cause that is influencing you in this selection, don't let it mislead you with the idea that you were made solely for each other, and then make an unhappy marriage thereby. Do not believe that nowhere in this wide world is there another whom you could love. This is a great mistake. There are others, probably many others, who would suit you just as well.

If you lived a thousand miles away from your home and had never seen your present partner, you would have married, and you would have been just as happy if not happier. Many married peo-



Leptandrin is best suited to chronic maladies requiring mild and long continued action. Dose 0.01 every hour.

Headache yields to the simultaneous application of hot water to the feet and back of the neck.—Love.

ple believe they would have been happier. Of course every newly married couple wants to think that they are happy, and would indignantly refute the idea that they were not happy, especially between themselves. Each one individually knows the truth. Many, not all, know it is not the happiness they expected, of which they dreamed during their courtship. Many also know that on one side or the other some disappointment in their sexual relations is frequently the chief cause. It is easy to observe conditions. It is especially easy for the physician to do so, who is so intimately associated with both young and old wives.

The chief question is the remedy. Let the strong marry the strong. There will not likely then be demands made which each cannot fulfill, or conditions spring up that may cause dissatisfaction.

With the delicate and weak, let them, if they must marry, marry their kind. Disappointment and dissatisfaction will not likely result where demands are few. If the weak should marry the strong, and as there are more weak women than weak men, the women must suffer most. The men are most disgruntled and dissatisfied, simply because they are strong and become disappointed, and cannot be gratified. In particular verification of this fact look at the thousands and thousands of women who are invalids, or so broken in health and spirits as to make them unfit for wives or mothers. The chief cause? Their sexual organs could not respond to the demands for which nature intended them when mated to normal man. Should such wives as these be compelled to submit to the desires of the husband? No. Is it her place to submit? No. What shall the husband do? Take his medicine like a man. He

married a delicate woman. Probably by his own acts he made her condition worse. Let him stop thinking about it and he will get over it; but don't insist and nag, any more than he would like to be nagged and forced if he had no inclination, while the act itself gave him pain and filled him with disgust for the one who did the nagging.

Physicians should, whenever they are able, which is unfortunately very seldom, point out to delicate women and strong men what risks they are running in not mating properly. Let unmarried doctors dwell upon these points particularly, for their own future happiness and success in life. You are in this world to get out of it all the contentment and happiness you can. To obtain this should be the effort of your life. You are not at all likely to get it by marrying one who is delicate, or who is an invalid. Sentiment is really beautiful to think of. Self-sacrifice, by devoting a lifetime to one who is really too delicate to marry, may be a great act of kindness, noble and heroic. When you come to think seriously about it, there is not much happiness in it, therefore don't do it.

If invalidism comes after marriage, then do your duty. Be generous, be sympathetic and tender. Much of it may have been your fault. Make life as happy as possible under the circumstances, by being considerate and thoughtful.

Do not knowingly marry one physically or morally below your standard. It will prove an unhappy marriage, and it will handicap your whole life.

"AN OLD CLINIC WRITER."

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Many CLINIC readers will recognize the writer of this strong, clean, pure and



The best action of leptandrin is seen when the dose is kept below the cathartic point but continued some time.

A towel dipped in hot water, wrung rapidly and applied to stomach acts like magic in colic.—Love.

sensible letter, thrilling with feeling and sympathy, yet wise with the wisdom that bespeaks years of experience with the woes of humanity, with the griefs that bow the head as well as the ailments that sap the frame.—ED.

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#### DROPSY OF RHEUMATIC ORIGIN.

On March 17, 1902, I saw Mr. H., 55, carpenter, who for three years had been a great sufferer with rheumatism. About two years previously he had suffered from articular rheumatism, and physicians operated on his right knee, the result of which was complete ankylosis of that joint and œdema of the muscles and tissues of that limb from that time.

Since the operation he has been in two hospitals in this state, and had the best physicians of every pathy, and had gradually become dropsical until it was general, even his forehead pitting on pressure. When the case came to me, it was in my opinion the most hopeless case to medicate that I had ever come in contact with, and when he asked me if I could help him I very frankly told him that I could give him no encouragement. However, he insisted on my attending him and said I could do no worse than the others.

First I tried elaterium gr.  $\frac{1}{8}$ , two every half hour, until six had been taken at bed-time. This had always been my sheet-anchor when all other means had failed. Well, we got some six quarts of stool and water, but outside of the diminution in the abdominal dropsy, no change worthy of mention. He could not lie down, but lay in a sort of sitting posture. The distention and œdema of

the limbs were so great that his limbs pained him, making him restless. His scrotum was as big as the top of a Derby hat, size 8, and he passed only about a gill of dark, red urine in 24 hours, at times none at all. No appetite, and great distress after eating, or even drinking a few swallows of milk.

Now a month or two before, at Old Tower, my father and I had a similar case that had been giving me great uneasiness, and we had been using Abbott's Saline Laxative with best results of anything, and I tried it on my case here, but with no benefit. As a last resort, with only a grain of faith I sent to Winchester, Tenn., to the Anasarcin Chem. Co., for a sample of Anasarcin. When the tablets came, I gave the first day four tablets, and followed next morning with a tablespoonful and a half of dry Epsom salts, with three swallows of water to wash it down.

The results were wonderful; and after hearing from the salts in eight hours my patient passed one pint of urine, the first of that volume for months. I watched the heart-action. When I started with Anasarcin his pulse was irregular and 120 per minute. In three days it was down to 72 with heart-action perfect and rythmical. Gradually I decreased the tablets until now, four weeks afterwards, he takes one-fourth tablet at bed-time. There is no dropsy at all, not even in the leg that is stiff, nor has there been for twenty days. His appetite is good and growing better each day, he sleeps quite well, and passes three pints of urine every day; and with aloin gr.  $\frac{1}{8}$  at bed-time his bowels move once a day regularly.

Now this to me is the greatest miracle I ever have known of in my life, as I



Liatrin is a gentle tonic stimulating all the excretions of the body. Dose 0.03 every hour except when asleep.

Nothing so promptly cuts short congestion of lungs, sore throat or rheumatism, as hot water applied promptly and thoroughly.—Love.

Liatrin is in chronic gleet a useful remedy under whose gentle influence recovery is gradually secured.

Some many years ago an old practitioner told me that he never lost a case of bilious colic. His practice was to give copious injections of hot water. I saw this same treatment not long ago outlined in some medical journal, with the addition of hyoscyamine. I have always used colocynthin gr. 1-1000 in ten-minute doses, in connection with the hot water, and never knew it to fail. Dr. Case says: "Let the bowels alone." Perhaps the Missouri bowel is of a different species from the Massachusetts bowel, for I have found the hot water of use. However, I will not enter into a discussion on this point. Dr. Case deserves the plaudits of the profession for his well-substantiated claim that appendicitis can be cured. If our physicians will follow his suggestions and cure their cases of bilious colic—or appendicitis, or whatever you choose to call it—instead of turning them over to the operative surgeon, they will find a greater satisfaction in medical practice than they do at present. And that is where the country doctor is most favorably situated—he hasn't a tempter in the shape of a surgeon perpetually at his elbow.

J. R. PHELPS, M. D.

Dorchester, Mass.

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In *The Surgical Clinic* will shortly appear a clinical lecture on appendicitis, by Prof. L. F. Bishop, of New York, which may be compared with Case's fine paper.—Ed.

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# APPENDICITIS.

The article by Zophar Case on the medical treatment of appendicitis is of great interest. There is no doubt in

the world but what Dr. Case gave those cases the most intelligent treatment known to-day.

Dr. Ochsner, of Chicago, treats all cases of acute appendicitis in much the same way. He washes out the stomach, stops all alimentation *per os*, substituting therefor rectal feeding, which he maintains for from ten days to two weeks, paying no attention whatever to the bowels; and his statistics show that 97 per cent of all cases recover with no other treatment whatever, but he invariably subsequently amputates the appendix after recovery from acute symptoms.

The use of strychnine and hyoscyamine can do no harm, but does it have any direct influence upon the pathology? I have used Ochsner's treatment in several cases, plus strychnine and nuclein, with only the very best results. I gave the strychnine and nuclein, however, only with the view of keeping up the strength and with no idea of combating the pathology directly, and I very much doubt whether anything will do that.

I think strychnine and hyoscyamine should not be given nearly as much credit by Dr. Case as his other very excellent management of those cases. His case 26 I think came to his death by reason of administration of the blue mass. Had that not been given during the doctor's absence he would probably have found a different condition upon his return.

An appendix once inflamed is a vulnerable point, adjacent to a sewer full of sepsis, ever ready to reinvade; and inasmuch as the operation for its removal, when there are no acute symptoms, is attended with practically no mortality if performed under proper precautions,

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Liatriin conduces to producing a healthy condition of the urinary and reproductive organs of both sexes.

Menthol, ethereal solution, ten to fifty per cent, averts boils, carbuncles, and gatherings, and cures itching.



I think we have not done all our duty until it has been removed, or at least its extirpation earnestly urged.

I. M. RUSSELL, M. D.

Kasbeer, Ill.

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I do not at all agree with the writer. Dr. Case has given his patients full opportunity for relapse, and I doubt if any surgeon can make as good a showing. See the editorial note anent the New York coroner's observations on this subject, in *The Surgical Clinic*. Dr. Russell calmly assumes that hyoscyamine has no effect, in a way that paralyzes those of us who are familiar with that potent remedy. Don't wait till you can explain how or why a remedy affects the pathologic condition; but if you find it does affect it, go ahead and let the "explanations" catch up. That mental attitude is what has so long inhibited therapeutic progress in our school.—Ed.

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#### FASTING AND PRAYER AS AN AID TO THERAPEUTICS.

Recently I have become interested in completely evacuating the alimentary canal before partaking of food, in all cases of epilepsy. I have had the patient go at least five days before eating a mouthful, but have made them partake copiously of water, and on resuming eating have made them cease partaking at about half the usual quantity, say, once or twice a day. What is very remarkable, the stools evacuated were about the same in amount as while eating, up to the fourth day; but the last discharge was frequently putrid, giving off a very foul odor.

One patient with seizures from childhood was very devout, and prayed con-

stantly to be freed from the awful curse. While recognizing that faith and hope are useful in all conditions, in all cases, yet I have followed out the maxim to keep my gun loaded, and have watched symptoms as they have come under observation and fired it off. Now I am quite convinced that fasting is a very sure cure-all in a great many cases, and there is nothing about prayer that will militate against recovery. No one prays but has a faint hope, at least, and hope is a tangible therapeutic agent.

The old prophets believed in fasting, and I am convinced that eating is a habit, that we could live pretty near up to the good health mark on water and air. My patients in epilepsy make a good recovery by abstaining from food alone. I think little of drugs in epilepsy. I don't believe a case was ever cured by drugs, but I have seen cases recover from epilepsy by the free use of the antitoxins, at least they have had no relapse, and I know of cases that have stayed cured for twelve years. By antitoxins I mean the goat or horse serums. I am a great believer in the germ theory, notwithstanding the prejudice I once entertained.

I believe in vaccinating for all diseases if you can get the stuff (?), and the man who rejects the theory has never fully tried it.

Fasting and prayer is an agent that we should all be ready to receive. Even Prof. Pearson believes in prayer, and the Bishop of London claims that it is a wireless telegraph, that proceeds along luminous ether waves right to the throne of the Majesty on High.

I am quite satisfied to use a prayer every time I get stuck in the mud on a case. God is no respecter of persons,

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Sometimes a function can be coaxed but not driven. Then we think of liatrin for the genito-urinary organs.

Never give purgatives to children who have swallowed foreign bodies, these should travel with fecal masses.



and an old heathen doctor has just as much pull at the throne of grace as any modern prophet. So we will go right on administering to the sick and the afflicted with our little pellets, yet cast at the same time an anchor to the leeward, in the form of a "God help us," feeling that He will hear us, and if it is the right thing to do, heed us.

God works in a mysterious way  
His wonders to perform.

But you want to aid him by little pellets, prayer, and fasting the patient.

H. S. BREWER, M. D.

Chicago, Ill.

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I never knew either prayer or fasting to hurt anyone.—Ed.

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#### APPENDICITIS.

I have just read with profound interest the article of Dr. Case in the CLINIC for April, in which the doctor reminds me that I failed to credit him with a treatment for appendicitis, which I had applied in a certain case and reported in December CLINIC, 1901.

By the way of explanation allow me to say that I first used this treatment in '93. I obtained the idea directly from Dr. Abbott, from an article on intussusception, I believe. I have not kept a file of the CLINICS, and cannot furnish exact data, but I am positive that this treatment was suggested to me by something contained in the article mentioned. I have applied this with some necessary variations, each case being in some respects a case unto itself, since '93; and with results eminently satisfactory to myself and patients.

The article by Dr. Abbott which suggested this treatment to me did not, as

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Vaginal injections of potash bromide T dram to pint, in irritable uterus, diffuse pelvic pains, and hysterical neurosis.

I remember it, refer in any way to the appendix or any pathologic conditions referable thereto, but it suggested to me the idea that such treatment would be applicable to appendicitis.

If the treatment was discovered or invented by any one person and I unconsciously obtained from that person a knowledge of it, that person whomsoever he may be, has my sincere thanks and the heartfelt appreciation of several of my patients; who at least believe their salvation depended upon the treatment administered. With highest regards for Dr. Case.

D. ALLEN, M. D.

Allen, I. T.

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Doubtless the paper referred to was one by Dr. Abbott on "The Therapeutics of Strangulated Hernia," published in *The American Therapist*, January, 1894, and republished in THE ALKALOIDAL CLINIC the following May. It is well worth rereading as a beautiful application of an exact physiologic remedy to the pathologic condition present.—Ed.

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#### HOW I BECAME AN ALKALOMETRIST.

About six years ago I was standing on the street in Malta Bend, Mo., and Dr. S. C. Mitchell came up to me, and we soon got to discussing the professional topics of the times. Presently the doctor asked me what my treatment for typhoid fever was, and as Dr. M. and I were warm friends, I told him without hesitation that my plan was to give calomel gr. 1-10 every two hours until the alimentary canal was thoroughly emptied, and in alternation give sulphocarbolate of zinc and soda comp. gr. 3.

Often harm will be done by too vigorous medication. In chronic hepatic disorders give leptandrin for a long time.

Dr. M. tried at the drugstore to get the medicine but failed, so he came to me again to find out where the preparation could be purchased; so I had him go to my office and get as much as he needed, as it could not be purchased short of the city. The doctor tried it and had the same good luck that I had always had, so we got on nicely, differing only on the dose of medicines. Sometimes he would say, "you give too much of that," at other times he would say, "you give such a small dose of that, that I can't see where it can be of any benefit to the patient."

So time went on, and one day Dr. M. came to me and said: "I have caught on to your racket. You have been reading this," and produced an ALKALOIDAL CLINIC, of which he had just received a sample copy. Well, he had me. I had to confess my ignorance of the journal's existence. We looked it over, and Dr. M. said it was on the right track and subscribed for it at once; and frequently told me that I should subscribe also, but I was dilatory, as many others are in neglecting it so. One day he said to me, "I want a dollar," and I gave it to him; and in due time the CLINIC and premium case came to me. Two or three weeks later Dr. M. said to me one day: "Well, do you want your dollar, or do you want to keep the CLINIC and the case?" I kept the latter and have been a subscriber ever since. I couldn't do without the CLINIC and the alkaloidal preparations.

*The Surgical Clinic* is also on my table, a welcome visitor every month, and I hope it is on the library table of every CLINIC reader, and in fact of every doctor in the active practice of medicine and surgery, in our country.

For gouty conditions generally, after regulating the diet and habits give lithium salicylate 0.01 every hour.

These journals give a doctor the real life in the practice of medicine.

No definite dosage can be laid down. The doctor must be his own judge, or his remedies will fail him. Be sure that you get sufficient medicament in the system to produce the effect you want, then just enough to hold what you have got, and you will succeed in the majority of cases. Success to our priceless CLINIC, and its most worthy editors, Drs. Abbott and Waugh.

G. B. BAKER, M. D.

Perkins, Mo.

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The CLINIC when first seen is simply one more medical journal to most readers; but get acquainted, and it becomes *the* medical journal to those for whom it is intended. Who are they? Physicians whose interest lies, first and last, in their patients as men and women, rather than as "cases;" who love their work and the people who confide in them; and who want to do their full duty and leave nothing undone that can aid in restoring health.—Ed.

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**CALCIUM SULPHIDE IN SMALL-POX; IODIZED CALCIUM IN CROUP; SODIUM SUCCINATE FOR GALL-STONES.**

Calcium sulphide is one of the best systemic antiseptics I have ever used. It is a dandy in diphtheria and smallpox, as also is the calcium iodized in croup.

I am going to try sodium succinate and dioscorein in gall-stones. There is considerable of this disease in this country.

Calcium sulphide has been a giant success in my hands. I had a very severe case of smallpox (genuine) here

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Spigelia will destroy the round worm in about three days, at which time a laxative should be given.

some time ago. The man had a wife, two children and a hired girl in two rooms. I saturated the entire outfit with calcium sulphide and not one took the disease.

The same success attends in cases of diphtheria when similarly situated. You can form your own judgment about the matter.

I am of the opinion that the cold treatment of typhoid fever in this high altitude is a grave mistake. What sayest thou? I have seen too many collapses from it. Antiseptics, good nursing and a little gelsemium now and then, I have found to be best.

I am a Union veteran of the Civil war, and with best wishes for you and yours.

I am fraternally,

DR. G. H. HERBERT.

———, Utah.

—:O:—

Include in your antiseptic treatment emptying the bowels and we agree.—ED.

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#### **CALCIUM IODIZED IN CROUP.**

Child, 18 months, strong, healthy boy, after a few days of general malaise and loss of appetite developed a dry, raspy cough and persistent hoarseness. Respiration became more difficult from day to day for two or three days, when suffocation seemed imminent, cyanosis marked, breathing 60 to 70 per minute, temperature running as high as 104.5, heart overpowered, pulse too high to count.

Remembering Dr. Case's article in your first volume of Alkalometry, page 99, I immediately referred to it and followed directions closely in every particular. I had just received 500 granules of calcium iodized from you, and

in the midst of the labored breathing, the hoarse, rasping cough, suffocation imminent, the case totally abandoned by the older members of the family (they having witnessed in the past years several cases of suffocation from this child-destroyer), we dissolved tablet after tablet, two and three at a dose, every fifteen to thirty minutes at first, and—"presto, change!" After a few doses breathing was less stridulous, less frequent; and after two or three days loose and rattling in the throat as resolution began. But its duration was not of a few hours as described by some, but ran into the third week before convalescence was well established, membrane loosening and flopping about for days, as it continued to give way. Calomel was given daily, gr. 1-6 hourly for several doses, until bowel action was secured; glonoin and atropine to sustain the heart, and wet packs to reduce the temperature.

And let me tell you, our neighborhood is the fortunate possessor of a Mrs. Cate, well ripened with years of matronly experience, whose very presence is a "guardian angel" in the sick-room; and to her skillful hands was delegated the pack, and none but those who have witnessed it can know the relief given the little sufferer from its use. Her method is this:

Spread a table with a soft double woolen blanket, wring a sheet lightly not to drip, from tepid water, spread smoothly upon the blanket, head ends even. The child, stripped of course, is laid upon the sheet, its head just over its border, the arms are raised above its head and the sheet first wrapped a time or two snugly about the body, well up under the arms; the arms are now closed to the sides, the sheet wound round and



In rheumatism you will be surprised at the great effect produced by lithium salicylate 0.01 every quarter hour.

Compound tincture of benzoin is excellent for bronchial affections, obstinate winter cough, chronic sore throat.

round arms, body and all but head, till used up; then follows the blanket snugly wrapped, and the little mummy-looking creature is put to bed and a cold cloth applied to its head. The length of time in the pack is from one-half to one hour. The temperature falls two or three degrees, the babe goes to sleep, and when moved from the pack and stripped a few quarts of tepid water are poured over its head and body, as it is held upright by the nurse, then it is clothed and put to bed. This may be repeated as often as needed, and can be done in any country home.

There is no question regarding diagnosis in this case, and no question in my mind or any of the child's family regarding the remedy saving the patient.

No physician should be without it in his armamentarium, and if the compound is not stable it should be kept fresh on hand.

E. R. SWINBURNE, M. D.

Heppner, Ore.

—:o:—

Don't be caught by a croup without a *fresh* bottle of calcium iodized. If only we had had this remedy when we began, there would be fewer sore spots in our memory.—Ed.

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#### DYSMENORRHEA.

Mrs. R. came to me complaining of pain and soreness in the lower part of the abdomen. Menstruation had appeared before the usual time and the flow was attended with pain. There was no fever; the pulse was feeble, indicating a want of balance in the circulation, as shown by the bloodless appearance of the skin and mucous membranes.

In all forms of the uric acid diathesis regulate the bowels and the diet and give lithium salicylate 0.01 every hour.

One year ago it was thought she had a tubal pregnancy, for which she was operated upon, but the pain and tenderness returned and the condition resembled the former condition before operation.

I believe that the patient has artero-ovarian congestive neuralgia, more marked at each menstrual period, for which I had treated her on several occasions. At first my Uterine Tonic (B. U. T.) acted well with her. Occasionally the treatment was varied to suit the indications, as codeine for the tendency to diarrhea, which occasionally was present, and strychnine, iron and arsenic for the anemia.

To moderate the severe pains I employed Dolorpyrin or other acetanilid compounds; though of late I have been using a compound known as "Something New for Pain," which really is excellent. It seems to supplant the use of morphine in cases of hysteria of uterine origin, especially when given in alternation with the B. U. T. I prescribe these, giving a dose every two hours until the desired effect, which is usually the production of a quiet and restful condition. During pregnancy they may be used with no injury to the patient for the purpose of controlling nervousness. Most of the ordinary cases of chorea can be cured by the use of these remedies. The pain formula is required only if pain be present.

W. C. BUCKLEY, M. D.

Philadelphia, Pa.

—:o:—

Sometimes gelseminine, cicutine hydrobromate and anemonin, given in rapid repetition, relax the spasm and give relief.—Ed.

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Sulphur, even the fraction of a grain, will increase the efficacy of a purgative pill or powder.

**SCIATICA.**

Your journal is live and up-to-date, as interesting as any novel.

Tell your people not to wait days to cure lumbago and sciatica, but cure it at once by using carbon bisulphide. Rub a little over the back or nerve, with a rag, until it burns. The only medicine needed for sciatica is 20 drops comp. tinct. apocynum, in four ounces of water; a teaspoonful every two to three hours.

I would quit if I had to wait two or three days to cure either. Now just try it on your next case.

W. S. CLINE, M. D.

Woodstock, Va.

—:o:—

Easy to try. My impression is that the application gives quick relief, not always permanent.—Ed.

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**SMALLPOX.**

My prescription for the cure and prevention of smallpox is almost the same as that published in the newspaper. Powd. digitalis, zinc sulphate, each gr. x to xv; white sugar  $\frac{1}{2}$  oz., water one pint. Direct: A teaspoonful every three hours to prevent and every hour to cure. If taken during the primary fever, until there is no secondary fever, and taken every hour, there will be but few eruptions. In addition to this mixture I prescribe salts to clear the bowels, a most necessary mode of treatment for diseases, which I learned from the CLINIC.

A solution of Lloyd's Asepsin will relieve the burning. The pain in the back and limbs is readily relieved by the mixture of carbolic acid gr. xv, Epsom salts 1 oz., water 1 pint which formula ap-

peared in the CLINIC some months ago. Aconite, veratrum and gelsemium will reduce the fever. Sometimes belladonna is indicated, especially when the pain is severe—then in large doses. Codeine may be given also.

If bilious, calomel may be given in the beginning, but it should be swept out a few hours after by means of salts.

The coal-tar products and morphine in large doses are hurtful, and calomel is death after the eruption appears, for the same reason that it is death to a person with chronic Bright's disease.

The digitalis should be in the form of a powder. The fact that sulphate of zinc is the best known remedy for conjunctivitis, is sufficient reason why it should be used to prevent and cure smallpox.

The smallpox in this vicinity during this season has been very mild, more like varicella than variola; but should any one die with it, we may expect a malignant form. For an infectious disease caught from the dying or dead is always malignant. The worst cases as well as the mildest should be kept clean with water and some antiseptic.

As vaccination is a dangerous remedy and not always effective, all good citizens and true physicians would like to learn of a more effectual remedy that is harmless. I have treated cases where the first suffered much from smallpox and the other members of the family were scarcely infected.

W. F. PEARSON, M. D.

Mountain View, Okla.

—:o:—

I believe the salts are of benefit, but have no faith in the mixture. Other doctors write us they have used it and it had no effect whatever. I have vac-

For the acid forms of urinary calculi keep up for months lithium salicylate 0.01 every hour except when asleep.

Fluid extract Jamaica dogwood three drops given every three hours, is specific for whooping-cough.

minated 10,000 people and never saw one injured by it so I cannot consider it a dangerous remedy; nor have I found it at all uncertain. I think your excellent adjuvants and hygiene, with the mild character of the epidemic, account for your success. Let us hear from those who have tried this remedy in bad cases.

—Ed.

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#### SAMPLE ANTI-VACCINATION LITERATURE.

Recently we received a caustic epistle from a physician, objecting to our advocating vaccination and enclosing the following cutting:

"Hartford Woman Vaccination Sick.

"Collinsville, Feb. 18.—Miss May E. Sloan of Hartford, a teacher in the public schools here, has been taken home in a serious condition following vaccination. A week ago Miss Sloan was vaccinated and by Wednesday she was suffering great agony. Since then she has been unable to attend her school duties and has been under the care of a doctor at her boarding place here. Her parents came for her Sunday. What adds to the worryment over her condition is the fact that a brother died from vaccination a few years ago and a sister was ill for six years from the same cause."

We at once wrote to a gentleman well known to the CLINIC's readers asking for particulars, and append his reply:

"In regard to the enclosed clipping, you may be free to brand it as a lie from A to Z.

"I have it straight from the young lady herself, who is very indignant; she with all her family being firm believers in vaccination.

"She was vaccinated about January 28, 1902, by Dr. Wm. H. Crowley, of Collinsville; and for a few days following had a mild attack of vaccinia, with not much swelling of the arm and no adenitis. She had nearly recovered from this, and was practically well, when she caught cold which resulted in quite a sharp attack of muscular rheumatism. As she rooms in one place, eats at another and teaches school at another, she had, along with the mud and weather lately, a fine chance to get it. She had three attacks before, once being laid up for six weeks. Her brother was vaccinated several years before his death and over one year before his last illness, which was valvular heart-disease resulting from an attack of acute rheumatism. Her sister was taken sick with rheumatism several years following her last vaccination and was sick with rheumatism for three years. She has now entirely recovered.

"Miss Sloan's family physician is Dr. Chas. C. Beach, of Hartford, Conn., who will undoubtedly be glad to give you any further information."

PAUL PLUMMER, M. D.

Collinsville, Conn.

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#### AN EXANTHEM.

I desire to call the attention of the readers of the CLINIC to a disease that has prevailed in our little town for several months, and ask those who are competent to do so to give their assistance in making a diagnosis. It has been called scarlet fever, and while it has some features resembling scarlet fever, it has not appeared to a majority of the local talent to possess the essential features of that dread disease. In fact, it

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Gentle and long continued effort will often restore health where more violent means will certainly fail.

Much less iron is given than formerly, the use of saline laxatives accomplishing the work more satisfactorily.



resembles scarlet fever only by having a sore throat as one of its symptoms, and occasionally a skin eruption; whereas the peculiar features of said disease are absent.

To a majority of your readers it may appear rather strange, when I say that very few physicians of the extreme Southern states are possessed of that valuable diagnostic power or skill which comes from experience and personal observation, but are compelled to rely upon their general knowledge of disease, and their power to make intelligent deductions and logical conclusions from well-defined premises, in diagnosing this disease, because it very rarely appears as an epidemic in the Southern states. In a practice of twenty years in country towns and small villages, I have never seen a well-defined case, and I know physicians who are old in the service who have never met it in any form. It is for this reason that I appeal to your intelligent readers who are familiar with it, to aid me in this matter. Unfortunately, we have in this instance suffered all the disturbing and disastrous moral consequences that ensue upon a dread sensational panic, without the organized and scientific measures to control and destroy the dread malady, that should be reasonably expected in this enlightened age. But to the disease:

December 20. Girl, 8, general redness of the vault of the mouth, tonsils and pharynx, some swelling of tonsils, very slight elevation of temperature, nausea and vomiting. Over the body and limbs was an eruption of a papular form, minute points, very thick and slightly elevated. The mother assured me she had not been exposed to any eruptive disease, and thought the nausea

and vomiting were caused by the child having eaten a large amount of prickly pears. The symptoms were suspicious, or at least if there was a high fever and the eruption was a little more characteristic, I would suspect scarlet fever.

I prescribed for the nausea, gave a brisk cathartic, and the next day the eruption faded away; and the child promptly recovered without desquamation, or at best with a very slight furfureous shedding.

In this family were several more small children, and a neighbor only a few rods away had several more. No precautions were taken, no other cases appeared, until twenty days later the neighboring family had two children similarly attacked, and they as promptly recovered.

In a different part of the town several weeks prior, a whole family of children, including a young lady, had a peculiar sore throat with enlargement of the glands, especially the parotid; their throats being of a diffuse redness, slightly sore, no sign, however, of any skin eruption, but in the young lady a persistent nausea which was peculiarly obstinate. As the winter advanced, however, several more cases appeared, and a few cases developed considerable gravity. Two in the practice of a brother physician died, both of whom I saw with him.

The first case which proved fatal was very puzzling to me, inasmuch as the throat symptoms, the flushed cheeks, etc., resembled scarlet fever; and yet the eruption, which was very profuse, was a typical case of measles. The whole trunk, the legs and the arms, were covered by the eruption, which was distinctly papular and of that peculiar hue so characteristic of measles. The child

We believe in strenuous medication when it is needed and nobody can dose more heroically when the occasion requires it.

Iron will improve the appetite undoubtedly but abstinence and empty bowels will give anyone an appetite.

died before the period of desquamation set in, and thus a valuable diagnostic symptom was lost.

In the other fatal case, a fine boy, 4, the usual throat symptoms and the eruption were present. On the fifth day, instead of desquamating, the eruption faded away, and spasm of the larynx closed the scene.

In the grown people the usual symptoms of tonsillitis are present, and there is no eruption. Indeed, a majority of the cases I have seen have had no eruption at all. In my own family of five children, all of whom had it, there was not the sign of any skin eruption.

To dispel the idea of its being a mild scarlet fever I will describe it more minutely, as they are types of the form without eruption. Keep in mind the fact that these are the majority. They were all taken with sore throat, tonsillitis, and considerable fever, nausea as a rule, all have flushed cheeks and the peculiar white mouth observed in scarlatina, and while they had sufficient fever to mark a case of scarlet fever of considerable severity, yet no eruption of any kind appeared. Prompt application of a solution of Protargol, 2 or 3 grains to the ounce, a brisk saline purge and the case begins to improve, especially with a good febrifuge, etc.

In the family where the boy died, the sister is now convalescing from an attack that is peculiar in other ways. She was taken suddenly with the catarrhal sore throat and symptoms of depression. A very hot bath was given, by a doctor who had seen scarlet fever, and who says these are not typical cases, and in a few minutes the same eruption appeared over the body and legs, only to disappear without desquamation but

with symptoms of sore throat, some fever, otitis, etc., continued for several days. In most cases the eruption appears in those children who have gorged their stomachs with some unusual diet, and disappears where the stomach and intestines are cleared out.

Now, the points I wish to make clear, are, do there occur epidemics of scarlet fever in which it shows no predilection for age? Do there occur epidemics of it, in which a majority, even though seriously ill, have no eruption at all? Do there occur epidemics of it, in which there are no characteristic desquamation? Do there occur epidemics in which the throat and facial symptoms appear characteristic, and yet the eruption is papular and looks more like measles?

My diagnosis from the beginning was that it was a hybrid, possibly r theln scarlatiforme; and if such is possible I am more convinced than ever that the poison is a mixed one, and the symptoms partake of one or the other, or all, of measles, or scarlet fever, or r theln, whichever poison or germ as an etiologic factor happens to predominate.

My management of it, which has been so far uniformly successful, has been prompt local applications of the silver solution to the tonsils; and this has been encouraged in every case, where the patient was old enough to express himself, by the feeling of relief which it gave and the early subsidence of the symptoms following its use. I have also used a brisk cathartic in all cases, and usually a mixed prescription of an antipyretic and laxative, an ideal one being found in Zomakyne laxative tablets.

I shall be pleased to hear from my professional brethren. I will add that



As a rule with few exceptions chronic structural maladies require coaxing. Gentle means succeed best.

When the bowels have been cleansed and rendered aseptic, iron will have ten times the effect for good.

several children have had second attacks, or at least several attacks of the catarrhal inflammation of the throat, and in one case a second eruption occurred in a tardy convalescent on the twenty-first day, this being of a very coarse papular form, in which the points or papules, large and red, were considerably elevated above the surface.

I will mention another case, by way of illustrating the complete panic that has attended the prevalence of this trouble: Miss S. P., 20, teacher, was taken with tonsillitis of severe grade, and had considerable nausea, tightness, soreness, etc., in chest. After the usual treatment, combined with mustard plasters over chest and stomach, I was called out in a country village and was absent one day. During my absence the assistant health officer, who had pronounced all sore throats scarlet fever, called by virtue of the power attached to his official position; and finding sore throat began to search for the "scarlet flush," and finding the mustard burn promptly announced scarlet fever. After she had completely recovered he had the trustees of the school notify her that she could not resume her duties as teacher, until she had been "quarantined" for ten days.

In the family spoken of above, where the boy died and the second child is now convalescing, there lives another grown young lady, and she was taken with severe tonsillitis, fourteen days ago. This case and the school teacher are not at all different from any of the cases which have been called "scarlatina." She had the huskiness of voice, pain on swallowing and thickly coated tongue, usually seen in tonsillitis; but had no eruption of any kind, and the local application of

Protargol, a brisk cathartic and the administration of one-drop doses of tincture of aconite, every hour till the system was impressed with it, has aborted it. Yet the other young lady, who had almost identically the same trouble but had the misfortune to be burned with mustard, lost a week's salary as well as suffered social ostracism. What about it, Mr. Editor?

W. H. HOWELL, M. D.

Leesburg, Fla.

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If we could only see the cases, perhaps we could throw some light on the malady. Epidemics of scarlatina of the kinds mentioned undoubtedly occur, and anomalous atypic cases are quite common. The occurrence of albuminuria is not very significant, but leucocytosis does not occur in measles, and does in all the other maladies in this group. We would like to hear reports from others who have met this epidemic.—Ed.

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#### SCARLATINAL NEPHRITIS.

I have been a reader of the CLINIC for nearly four years, also six other medical journals; all of which I consider first-class medical publications but the CLINIC is the most interesting in therapeutic teachings.

I cannot understand why some physicians consider alkaloidal medication a dangerous method of administering drugs. Wherein the danger lies none have as yet explained. We only hear a shout of triumph on the one side of those who avail themselves of the active principles of drugs in successfully treating the sick. On the other side the snapping and snarling of those who use the uncertain crude drugs when they hear the word jugulation and are even

In chronic neuroses the word of power will often succeed in exorcising the malady and mild means will probably fail.

When you empty the bath you needn't spill the baby. Use saline laxative but don't forget iron when needed.

ready to flash the red light when some one whispers alkaloidal medication. The former to my mind means common sense and progress, the latter, jealousy and selfishness.

Let the brethren sing the praise of the alkaloids to their heart's content and if one of them does become too enthusiastic over some miraculous cure he has accomplished with the pure stuff, what is the diff.? Suppose he does become so highly elated with his success that he must explode with a nice little notice in the *CLINIC*, every time he jugulates, that is his own business and is as it should be. So we may all learn the truth by trying the same treatment, if we have not previously had as good success in treating similar conditions. The difference in using alkaloids or active principles of drugs from the old method of administering medicine, in my mind, is simply that in the former we know where we are, while in the latter we are groping in the dark.

Many a time have I demonstrated to my own satisfaction in the past five years of practice how vastly superior are the alkaloids in the treating of disease conditions, than the crude drug. With the active principle we can push our treatment rapidly up to the physiologic effect and continually have every condition under perfect control. Fancy yourself giving tincture of nux vomica to a patient until you get the twitching of muscles from the strychnine contained in the same. How many would dare try it? With the strychnine it is easy and safe to accomplish. We read in some of our leading works on materia medica and therapeutics of the great

danger in giving aconitine, veratrine, etc., and in almost the same sentence the author gives us the dosage and use of the various preparations of the same drugs.

What does this mean? One of two things, ignorance or prejudice. If it is the former, there is some excuse and will before many years correct itself. If the latter, there is no hope for them. There is only one preparation of all the highly poisonous drugs safe to be given internally and that is the active principle of the same. When we give  $\frac{1}{8}$  or  $\frac{1}{2}$  gr. morphine, we know what results we will get and have the same always under control. If we give one or twenty drops of tincture of opium, we know absolutely nothing of what the result will be and so it goes all along down the line with nearly all the leading drugs in use.

About four months ago, I was called nine miles in the country to see a boy 10 years old who had been sick for about two weeks, found him suffering with nephritis following scarlet fever (probably), although I could get no history of the case; passed very little urine, severe oedema, nearly over entire body; had, however, been up and around the house every day. Put him on a milk diet, gave lithium benzoate and digitalin (enough), kept bowels free with salines. Saw boy two days after, much improved; continued treatment, adding the Triple Arsenates, iron, quinine and strychnine. Got along so well that parents did not give medicine for nearly a week after which he became rapidly worse with convulsions. Telephoned me; not being home another physician was called who tried to control convulsions with bromides, morphine and



The phosphate of iron and the lacto-phosphate of lime go well together in numerous cases, especially of the young.

The hypodermic administration of drugs is preferable whenever it is possible.—Byrne, *Merck's Archives*.

chloral but with little success. About five hours later I arrived and found boy had been in almost continuous convulsions for ten hours. Temp. 104, pulse 136. I at once gave him a hot bath, after which pilocarpine gr.  $\frac{1}{8}$  and Defervescent granule with veratrine gr. 1-134, aconitine gr. 1-134, digitalin gr. 1-67 every ten minutes, also elaterin gr. 1-5. In half an hour boy was asleep and perspiring very freely, completely saturating clothing and bedding, smelling very strongly of urine. In two hours bowels acted freely. Temp. 102, pulse 100, Defervescent granules every half hour for another three hours, then every hour and in ten hours from the time of arrival at the house temp. 98.5, pulse 88, strong. Continued Defervescent granules every two hours, left him again on lithium benzoate and acetate of potassium: passed large quantities of bloody urine the next day, which had previously as well as then contained very much albumin. Added Triple Arsenates with milk diet, lithium benzoate and salines as indicated. The boy made a good recovery and is perfectly well to-day. What would have been the result had I given patient tincture of veratrum, tincture of aconite, tincture of digitalis and fluid extract of pilocarpus? Quick work was what was necessary in this case. How could I have accomplished this with the tinctures? What dosage could I have used of each? I am sure I don't know. But with the use of the active principles I knew just how much I was giving in each dose, gave them often until I got the desired effect which was within half an hour and the boy was saved. He not knowing the next day what a jerky time he had.

Iron phosphate and quassin, with diastase, before meals, and a morning saline laxative, come near being the whole thing.

I certainly cannot understand why some in the profession should try to make a new school of medicine out of alkalometry. It, to my mind, is the same good old regular method of treating diseased conditions only with purer remedies which can be safely pushed up to the limit in a few hours where it would take days with the older preparations if at all. And the effects are always under control and thereon hangs the tale of jugulation. The case I mentioned is only one of many in which I have experienced the good effects of the active principles; but I will not say more at present.

H. W. MORGENROTH, M. D.

Berlin, Wis.

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The man who has found remedies that enable him to approach scarlatinal nephritis with convulsions in a spirit of confidence, is not likely to be seen taking the back track to the galenics.—Ed.

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#### STRAMONIUM POISONING.

Mrs. W., 60, sent to a druggist for some extract of dandelion. She was sent one ounce of solid extract of stramonium, put up by Sharp and Dohme. After getting it she went to a neighbor's, whose wife had Potts' disease. They each took enough to produce violent nausea, attended with low muttering delirium, great dilatation of the pupils, irregular small pulse and great pallor. The messenger who came for me said they were poisoned, but couldn't tell what with. I happened to have a small case of your alkaloids that contained strychnine, caffeine, digitalin, etc., and

I have used strychnine gr.  $\frac{1}{4}$  hypodermically, with cocaine every six hours, for days.—Byrne, *Merck's Archives*.



thought I might be prepared to combat whatever symptoms I might find, although it was four hours after they had taken the stramonium. On seeing the patients the above symptoms impressed me that it was either stramonium or belladonna, when presently they brought me the jar containing the extract of stramonium, and I then saw what I had to contend with. I asked why they didn't give an emetic of salt and mustard when they discovered they were poisoned, and was told the same old story: "I never thought of it." I thought and told them, the friends and neighbors present, that the outlook was very discouraging, and that I had but one thing left to do and that was to counteract the effect of the stramonium with hypodermics of strychnine, gr. 1-25 every three hours. In the interval I also used hypodermics of caffeine, gr. 1-28. These medicines appeared to counteract the lethal effect of the stramonium splendidly, but didn't seem to give much force to the heart, which, beating quite feebly and irregularly, indicated to my mind the use of digitalin. I then loaded my hypo. with digitalin gr. 1-100, and inserted, and in about twenty minutes found to my delight the pulse full, regular and normal, and my patients had passed the deadline and were returning to consciousness. It took an all-night fight, in which I never closed my eyes, but watched every symptom and regularly used the hypodermic syringe. I have abridged this report, but send it with the hope that it may aid my brothers should they meet with such a case.

L. H. HILL, M. D.

Germantown, N. C.

During the past year I have recommended juglandin for many stomach disorders, with almost universal approval.

The application of antidotes to poison or disease, becomes simple and easy, when you know exactly what they are going to do, and how much of this effect is to be expected from each dose. No more guessing.—Ed.

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#### PODOPHYLLIN.

Can't you give us more definite information concerning podophyllin? Indian podophyllin? I see it mentioned as podophyllin-resin, podophyllin-neutral, podophyllin-soluble, podophyllin German Pharmacopeia. I find there is a difference in the therapeutic action of different makes. The tablets on the general market, evidently made from yellow podophyllin (said to be the color produced when precipitated with alum), while an efficient purgative, with evidence of cholagogue action, give evidence of irritant action, such as tormina, sometimes nausea, and the first passage is sometimes followed by several small and tormenting ones, leaving an acrid, congested feeling of the anus. The Abbott granules, gr. 1-6, two to four at a dose, produce one fair passage, not perhaps quite so copious as the general run of tablets, but producing about all the good effect with no evident irritant action.

I wish particularly your opinion as to whether podophyllin can cause ulceration of the duodenum, as I have seen stated. If so, there are conditions in which its use would be highly inadvisable. The active principles are stated as podophyllotoxin and podophylloresin. I used a few doses of your podophyllotoxin, but regarding it as weaker and less efficient, and without cholagogue action, I abandoned it.

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In insomnia from nervousness, strychnine in proper doses predisposes to natural sleep.—Byrne, *Merck's Archives*.



The granulated Intestinal Antiseptic sent me in a glass bottle a few months ago, does not exhibit such disposition to cake as the powder. I have not used it but presume its therapeutic action and solubility are the same as the powder. I do not believe that the manufacturers should cease marketing it in the powder. Tablets are inconvenient to make solutions from, and about the only way it can be given to children is in solution, sweetened and flavored.

I am glad to see that they now coat the "nervine" tablets. They attract moisture so readily they should not be marked plain.

"Ut Prosim's" articles in the CLINIC "hit the nail on the head;" something unexpected of a woman. Verily the world do move."

J. S. CARLTON, M. D.

Big Plain, Ohio.

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By Indian podophyllin is probably meant the Asiatic species, which is said to be somewhat stronger than the American podophyllin, being otherwise identical in its action. The color of podophyllin cannot be considered any indication of its quality. Ordinary podophyllin has an acid reaction and is not soluble in water. The so-called "soluble podophyllin," is made so by the addition of some alkali to the powder in order to make it soluble in water. Podophyllin nitrate, listed by B. Keith & Co., of New York, is claimed to contain all of the virtue of the drug without any irritation upon the mucous membrane of the stomach and intestines. The podophyllin we use in our granules is especially purified, costing 2 or 3 times

as much to manufacture as the common commercial variety.

Podophyllin in my opinion, cannot directly cause ulceration of the duodenum unless it is used to an unwarranted excess, when there is a possibility that under certain conditions it might do so.

As regards podophyllotoxin, I cannot myself see that it is to be preferred to the standard article.

I am glad to know that you continue to find the Intestinal Antiseptic formula satisfactory, and that you like the granular form last sent you. It is our effort to put our products in the best possible shape from a pharmaceutical as well as a therapeutic standpoint. First, we must have them right, then we must have them so they will keep, and in all instances and under all circumstances we cater directly to the convenience and pleasure of our friends the doctors.—ED.

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# SMALLPOX.

January 12, was called to attend woman in confinement, second child, baby was not thought to be full term, weighed four pounds.

When child was 17 days old found the mother, baby and a child of 19 months, all broken out with smallpox. The mother up taking care of the baby and the older child playing around. The baby was almost a case of the confluent variety, face and scalp almost a solid eruption, 70 on one little hand, genital organs badly swollen; had sinking spells, would stop breathing and turn purple, no heart-action perceptible except by use of the phonendoscope, and then only part of the time—when heard were only 35 to the minute.

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In habitual constipation juglandin sometimes gives better results by far than the more powerful cathartics.

Blackham advises active principles for their precision, portability, safety and palatability.—*American Medicine.*

I made a solution of one granule of glonoin in two teaspoonfuls of water, to which I added two teaspoonfuls of pure whisky. Of this I gave three drops inside of five minutes. Heart-action was 130 to 150, respiration and color good. I moved the bowels by the use of warm water injections. A half hour after giving the first dose the color began to darken, heart to fail, no evidence of breathing. Repeated dose with same result. I gave orders to repeat the dose every half hour, and left expecting to hear the baby was dead. I was called again, and added what I considered the proper dose of calcium sulphide. For a week we could not lengthen the intervals between doses, and as the child could not nurse for several days (mouth full of rash), we gave each dose in half a teaspoonful of breast milk. The child is much improved and has a ravenous appetite.

The father called to-day to say the child was in town, but still has some eruption on skin. But the disease has been so widely spread that people pay no attention to it. While there have been a few severe cases (none with secondary fever), yet nine out of ten get along better with this disease than those who are successfully vaccinated, less fever and less suffering. But the baby, and a lady who had been vaccinated twelve times, together with two men, were broken out about as thickly as possible not to be of the confluent variety.

A number have had smallpox who had been vaccinated. An old gentleman who had been successfully vaccinated and years afterwards had modified smallpox, has just had this disease. His two little granddaughters had it at the same time,

in the same room, and very little if any more severely than he, yet they had never been vaccinated. Their mother had it lightly. Their uncle in the same house had quite a severe time with it.

If vaccination for generations back has rendered people immune, why should a person who has had advantage of the same; and who has also been vaccinated in person, have smallpox? And that too, during such a mild epidemic?

I know not what to call it, if it is not smallpox. It fills the bill up to the time that pustulation and secondary fever should occur, the eighth to the ninth day, and then it fails to come to time.

I have used calcium sulphide in a number of my smallpox cases, as well as in scarlet fever, with excellent results.

Indeed, I am well pleased with my experience in the use of alkaloids so far. I have been taken for a homeopath, but that makes no difference. I have just read *The Surgical Clinic*, and am very much pleased with it, and will look forward to its coming each month with pleasure, as I have always with THE ALKALOIDAL CLINIC.

A. I. MITCHELL, M. D.

Chelan, Wash.

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It would be well for each observer to tabulate his cases, as regards vaccination, its quality and time elapsed since vaccination, severity of attack, etc. —ED.

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I have the first number of *The Surgical Clinic* and regard it as the most sensible publication of its line that ever came under my observation. The busy



Juglandin in its therapeutic applications closely resembles the old Russian rhubarb, long since extinct.

Sign of early phthisis: Varicosities under the skin near the spines of the three upper dorsal vertebrae.—Overend, *Lancet*.

practitioner does not want long-drawn articles upon any subject in journals, the text-book gives these. "Practical helps" told as briefly as possible. The busy physician seldom has time without interruption to read five pages.

Success to your journals.

J. C. EMERSON, M. D.

Scotland, Ark.

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### SCARLATINA.

Dr. Bullard's report on scarlet fever in April CLINIC excites in me the profoundest sympathy; and I cannot refrain from the following: My case in hand is exactly ditto to the one he describes. Little girl, 5, temperature clear out of sight (after the first day or two), and pulse in accordance. Throat and mouth covered with thick membrane and terrific swelling of throat inside and out.

Treatment corresponding with Dr. B.'s excepting more heroic. Gave Defervescent Comp. and Dosimetric Triad, varying with pulse until I got full aconitine effect, patient rolling and tumbling, crying with fingers, toes, lips, etc., in fast succession, my temperature being considerably elevated and that of the patient but little lowered. I must confess that I was considerably worried by the marked physiologic action of the aconitine, having ordered it every fifteen minutes until fever was lowered or sweating occurred, which orders had been carried out to the letter from the first, this being about the fifth day, that is at times when the temperature seemed highest. In addition to which cold sponge baths had been used freely.

Can you explain why there was no reduction of temperature following this

free medication, and such pronounced physiologic effect?

In addition to above the patient had calcium sulphide, beginning with smaller dose and increased to gr. 1 every two hours. Locally for throat I used in turn hydrogen dioxide, Listerine, iodine, glycerin and carbolic acid, and chloroform. After above aconitine experience I changed treatment, substituting tincture digitalis and spirits nitrous ether for fever, and tincture chloride of iron, quinine sulphate and strychnine sulphate, in place of calcium sulphide, continuing local remedies and baths. All of which failing completely, seemingly, I resorted to antitoxin because of the membranous angina present, giving in all three doses, getting nice results from first two, the membrane yielding promptly but reforming.

From the last there was no effect whatever, the patient being too much exhausted. The little one died about the twelfth day, and I gave it up very much discouraged in the treatment of scarlet fever. And the one who says it is a snap certainly has not been up against a real case like this one yet.

There were three children in the family, three cases of scarlet fever and two deaths, the two youngest. The baby, 2 years old, was taken with a convulsion, temperature 106, died about fourth day of suffocation because of swelling in throat. The oldest, 7 years old, recovered. I neglected to mention that two days before the administration of antitoxin because of subconsciousness and inability to swallow, the patient was nourished and medicated per rectum. We also used flaxseed poultices and Antiphlogistine externally.

I deem it wise to report failures as

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In treating dysentery, it is hard to improve upon emetin in the acute stages followed by juglandin in the later.

Green (*Pa. Med. Jour.*) feels that the value of the sulphocarbolates has been overlooked! Now, that is real sad.

well as successes, and must say that my greatest success with the alkaloids has been in pneumonia, where my results have been phenomenal; yet I have had some disappointments and failures as well. I console myself that people always have died, and always will die, alkaloids notwithstanding. Please point out my errors in above case, that I may profit thereby.

F. J. SPILMAN, M. D.

Connersville, Ind.

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And people always will die, even of diseases not necessarily fatal, or incurable. Criticism is rarely fair because all the facts are not known to the critic. But I always begin by emptying the bowels and rendering them aseptic; employing fully efficient local remedies to the throat; and rendering the hygiene of house and vicinity what it should be. These three things may have been done even if not mentioned by Dr. Spilman, but I have never had a death when they were.—Ed.

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#### **BOLDINE, YOHIMBINE, BURNS-MOORE, ETC.**

*Dear Dr. Abbott:* — Enclosed find \$1.20 to pay for 200 granules of the new remedy, Boldine. I have seen various articles in the journals in regard to the fluid extract of Boldo, but I have never used it. Seeing your article in the November CLINIC makes me want to try it. I see a notice of something else in this issue of the CLINIC, which, if it proves to be true, will be a Godsend to the poor practitioner of medicine, when he has the life worried out of him by these old fellows who have trouble in securing erection for sexual purposes;

In all congestions of the abdominal viscera juglandin gently coaxes the rebellious organ back to its duty.

and that is Yohimbine, noticed on page 963. Doctor, where can one secure some Yohimbine? I tell you, Doctor, you want to get a swift move on you and put that alkaloid on the market right away, if you have not already done so. The Sexual Hygiene came to hand and I am very much pleased with its meaty pages.

Doctor, I want to thank you for your share in putting me "next" on the stock of the Burns-Moore Tunnel Co., as I learn from Dr. Shaller that you "coughed up" some of your private stock in order to stop the flow of tears from many doctors, myself among the number, when we found we were "left" in our attempt to buy stock at the last moment. I got 5000 shares in the end, and my friend Dr. C. A. Larison of this town, got the same number. Dr. Larison has recently got back from a visit to the mine, and he is wild over the outlook. I shall make a little trip out there next summer myself to see the mine.

DR. C. L. GREGORY, M. D.

Yreka, Cal.

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The efficacy of Boldine has been well proven but it is a difficult drug to obtain. We have only a trifle on hand, and as noted in the article referred to the price is 60 cents per 100. As to the Yohimbine we are at present unable to supply the drug or even to quote a price, but expect to be in a position to do so now in a few days. As to its actual efficacy, we are not prepared to speak, except that not one of those who have reported to us has said it failed to produce erections.

Your appreciation of my action in the Burns-Moore matter is gratifying. I

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Digitalis often disappoints in acute diseases, if deferred until the heart begins to fail.—Byrne, *Merck's Archives*.

am glad to know that you and Dr. Larison as well are so thoroughly satisfied with the property. The Burns-Moore is all right. Our machine drills are pounding away and knocking off 5 to 7 feet of tunnel daily.

We have recently picked up a new property "The Little Mattie," which we are offering to Burns-Moore stockholders, and of which Dr. Shaller or I will send particulars on request. We are glad to hear from you at any time.—Ed.

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### MEASLES.

See that all the secretions are in order, and when the irritable cough comes on give calcium iodized just as for croup. I drop about one even teaspoonful in a common teacup, and fill it to within one-half inch of the top with boiling water, stir, cool and bottle, and give one teaspoonful every fifteen to twenty-five minutes till the cough lets up, then slack up. It will cure that cough like magic.

When the measles begins to show on the face and does not develop on the body in due time, don't forget to use pilocarpine, for an adult two granules every ten to twenty-five minutes until he begins to perspire. The only trouble with the above treatment is that our patients get well so quickly that there is not much money in it; but they will rise up and call you blessed, especially if some conceited young doctor, who is too wise to learn the new method, permits their neighbor's family to almost cough their lives out for nearly a week. It is remarkable that the dose of calcium iodized is about the same for the child as the adult. A little less does for an infant. Do not give the lime un-

til the cough asserts itself, then its prompt use will largely control it in one-half to one hour, and with necessary care it will rarely return.

I hope the Alkaloidal Family for themselves will thoroughly test the above treatment. I formerly used the fluid extract of jaborandi in place of pilocarpine, but it is much more nauseating.

J. M. EVANS, M. D.

Clarksburg, Ind.

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One experience with jaborandi satisfied me. I gave it to increase a nursing mother's milk and it dried up the secretion completely. Too rich in jaborine, too weak in pilocarpine.—Ed.

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### PNEUMONIA.

Somewhere lately I have read of the creosote treatment of pneumonia, one drop of beechwood creosote every hour. It was claimed that the temperature would drop inside of forty-eight hours. Has anyone else tried it?

In my last three cases of pneumonia I have added it to my other treatment, and the temperature surely did commence dropping, and went down by crisis in 48 hours, or a very few hours after; fever ending by crisis in five, seven and eight days respectively, and in each case inside of fifty fever hours from the commencement of the creosote. Is this a coincidence? Let others try and report. As one case was peculiar I will report it:

Called on Thursday, 25 miles in the mountains, arrived in the evening, found a case of double pneumonia; temperature 105, pulse 130, respiration 63. Female, 42, taken Tuesday morning soon

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It is marvelous how a disordered stomach resumes the digestive functions under the gentle influence of juglandin.

It seems very difficult to get a satisfactory article of digitalis from the average druggist.—Byrne, *Merck's Archives*.

after midnight, with hard chill lasting one hour, then high fever for which they gave large doses of niter. Wednesday morning taken with flooding (could not tell when last menstruation occurred), that lasted until Thursday morning. On examination I found the ruptured ovum in the uterus, which I delivered after considerable hard work (had no instruments, not expecting a case of this kind at that age, youngest child 12). I did not feel safe to leave her until Saturday and even then was afraid of sepsis. Was recalled on Monday and found temperature 104, pulse 125 and weak, respiration 60, nails blue, had no sleep for forty-seven hours, delirious, but no signs of sepsis. After getting her six hours' sleep I added creosote, gr. ij every two hours, to the other treatment.

Wednesday noon found her in about the same condition, so I lay down to get a few hours' sleep, as I had slept none for nearly three days. When I awakened at 5 p. m. I found that she had insisted on being propped up in bed for two hours before, when she was sweating and thirsty. She was sweating freely, had already drank six glasses of pure spring water and was calling loudly for more. I found her condition all improved, except the pulse was very weak, so watched, and allowed her the water she called for. Before midnight she had drank fourteen full glasses of water, temperature normal, pulse 103, respiration 48, and sleeping soundly, bathed in perspiration. Her temperature went subnormal, but she rallied well and when I left next morning was in good condition, although she still had curious notions.

Her treatment had been ammonia muriate, salts, Dosimetric Triad, changed

to strychnine, sodium sulphocarbolate, nuclein, all as indicated.

C. H. NEWTH, M. D.

Philomath, Ore.

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The creosote treatment of pneumonia is simply an application of the intestinal antiseptics theory, the agent chosen being less effective and more disagreeable and irritant than the sulphocarbolates. Creosote taken internally is not antipyretic except through its antiseptic effect; but when rubbed into the skin (diluted with oil or fat) it exerts a powerful antipyresis, resembling that of acetanilid, with free sweating and prostration. The value of antisepticizing the alimentary canal in pneumonia is being slowly and unwillingly acknowledged, but of course some other agent than the sulphocarbolates must be found, else credit for the treatment would have to be given to those who so long have advocated the method, and it could not be claimed as "original."—ED.

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#### INFLUENZAL PNEUMONIA.

I desire to report another win for Dosimetric medication with the A. A. Co.'s granules. An adult, suffering from chilliness and pains, joints aching, considerable coryza and lachrymation. Most prominent, however, was a deep-seated pain localized below the right nipple, increased on coughing, deep inspiration or turning about. Slight dullness apparent. Auscultation negative except weakness in murmur, no rales. Diagnosis: Influenza with pneumonia suspected. Ordered hot plates to chest to be kept up constantly until pain subsided, acon-

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Juglandin allays mucous irritation and promotes secretion throughout the entire alimentary tract and associated glands.

Give digitalis early, small doses, in every acute disease where heart-failure is to be anticipated.—Byrne, *Merck's Archives*.



itine gr. 1-134, brucine gr. 1-134, digitalin gr. 1-67, codeine gr. 1-67; one of each of the three former and three of the latter every ten to thirty minutes until fever subsided, then at longer intervals. A saline cathartic was also given.

The second morning I was surprised to find my patient dressed and sitting up, with temperature normal but expectorating the thick, tenacious, brick-dust tinged material characteristic of lobar pneumonia. I ordered him back to bed at once; he remarking: "Why, Doctor, I am not sick and if it were not for this pain in my chest I could go out to work." The treatment was continued, varied in amount administered by physical condition present.

On the fourth night of his illness his wife who was nursing him overslept, and let the fire run low. The patient did not feel nor seem quite so well on this morning. Increased the granules temporarily, giving one of each every fifteen minutes until patient felt better. The temperature had reached 99.5, but by noon had returned to normal. I commenced treatment on this case on March 18 and discharged him thoroughly convalescent March 24. Good for the patient but hard on the doctor.

We hope *The Surgical Clinic* will prove a worthy companion to *THE ALKALOIDAL CLINIC*, and that both shall live till something proven to be better, much better, may be evolved.

J. W. SHOOK, M. D.

Canal Winchester, O.

— :o: —

We publish many reports on pneumonia, but it concerns every one of us as no other malady does.—Ed.



In intestinal dyspepsia and habitual constipation juglandin is one of the most effective of remedies at our command.

# **PNEUMONIA WITH PLEURO-DYNIA.**

Called March 18, 6 p. m., and found Mrs. O. in bed with clothes on; pleurodynia so violent patient could not be moved, both lungs badly obstructed, cough very painful, rusty sputa, temperature 104, pulse 140. This attack came so suddenly that the patient did not have time to undress.

I was alarmed at the patient's condition; saw in the near future a funeral, and that was just what I did not want, as up to this time in seven weeks I had treated twenty-five cases without a death. There was no time to be lost if I would save this patient, and I made up my mind to get results at once. So I commenced by giving two granules Dosimetric Triad No. 1, two of bryonin and ten of pilocarpine nitrate, at one dose, and waited for the effect. It was not long in showing up. In less than thirty minutes the patient commenced to perspire, the pain easing up and breathing some better. In less than an hour we were able to undress the patient, her condition improving all the time, perspiring freely, pain growing less, breathing much better, tongue moist enough to show the effect of the pilocarpine.

I left the patient at 8 p. m. resting easily, with very little pain. Left Dosimetric Triad No. 1, one granule every hour; pilocarpine two granules every hour; bryonin two granules every two hours.

March 19, 6 p. m. Temperature 101, pulse good, no pain, cough less but with rusty sputa, breathing much better. At 7 a. m. she had taken a good dose of Saline Laxative and had a good opening of the bowels. Treatment contin-

Many a chronic bronchitis, asthma and nephritis, deemed incurable, yield to digitalis and rest, with exercise later.—Byrne.

ued, time in giving lengthened to two and four hours.

March 20, 6 p. m. Temperature 99, pulse full and soft, no pain, breathing good, lungs almost free, cough improving, rusty sputa very light. Left patient on strychnine arsenate and apomorphine, and was dismissed by patient, stating that she would send for me if needed.

Patient and family well pleased with the treatment. Just think of it—only three fourteen-mile visits—might have been more with a funeral.

For external application I used kerosene 5-6 and oil of peppermint 1-6, applied freely, with cotton and bandage. I find the bandage a great help in supporting the lungs.

D. ANDERSON, M. D.

Ashton, S. D.

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Fourteen miles is a whole lot to go to see a pneumonia case; and the family should appreciate such prompt results.  
—Ed.

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#### **CALCIUM SULPHIDE IN SMALL-POX.**

I have just discharged a patient who has undoubtedly had smallpox. It was of a severe type and the treatment seems so satisfactory that I will give you the facts. It was just four weeks ago yesterday that he had the initial symptoms, and the eruption began the first of February. The man was a barkeeper. His family consists of wife, baby and wife's sister. The wife had never been vaccinated; the sister had, eight years ago.

I immediately vaccinated the wife and her sister, but as the baby was so young, only three months old, and was nursing

the mother, I was of the opinion that it would be better not to vaccinate it, as it would nurse the medicine I intended to give to the mother, and be sure to have only mild symptoms, should it be affected at all. The wife was a good subject for vaccination, for I had a very typical "take," the vesicle with areola surrounding it in a typical manner; and as it was well "looked after," did not become otherwise infected, so the arm was not seriously inflamed but the systemic effect was considerable. The sister had a slight "take."

The house was a neat, three-room cottage. I used calcium sulphide to saturation in the patient, as well as the wife and sister. The evolution of pustules was typical and in spots it was confluent. There was no time after the initial symptoms subsided that he did not sit up all day. He had only slight secondary fever, and with the exception of two days would say to me at each visit: "I am not sick, I only look bad."

The wife and sister had no day so far when either of them had a headache, but the baby had varioloid the first two days, the sixteenth and seventeenth of the father's illness. She was feverish, with grayish stools, but since she is as bright as ever, although she has 37 pustules on the whole surface, five of which are on the ears. I believe the ears being affected with eruption is diagnostic of smallpox.

I used Pineoline to subdue the inflammation and itching, and there was no time that it did not control it. I am perfectly satisfied that the use of calcium sulphide is as good if not better treatment than any other. I had absolutely no complication, and the severity of the initial symptoms, with the extent of the

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To soothe the intestinal irritation in any febrile disease utilize the mild influence of juglandin, in small doses.

Strophanthus with digitalis sometimes gets a response from the heart not elicited by digitalis alone.—Byrne, *Merck's Archives*.

eruption, leads me to believe that my patient escaped easily. I shall certainly continue to use it in all eruptive diseases, and shall try it in cases of systemic infection of any kind.

E. A. CRAIN, M. D.

Missoula, Mont.

—:o:—

Intestinal antiseptis, calcium sulphide, nuclein, the defervescent alkaloids and the heart tonics, with echinacea or baptisin as a systemic antiseptic, and of course Saline Laxative; they fill the bill.  
—Ed.

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### RENAL COLIC.

I notice in the CLINIC a number of renal colic cases, and in none have I seen mention made of herpes on glans penis or on the corona, both of which do occur together with the several symptoms. I would like to suggest the employment of Lycetol in these cases, and washing out the bladder with lithium carbonate, the patient to be first prepared for this treatment by a thorough flushing of the bowels with Abbott's Saline Laxative. For myself, I can truly say that THE ALKALOIDAL CLINIC practises medicine "as she am," without the drawl, hem and haw practised by some of our medical dudes. Here's my hand; keep up the good work.

F. V. DOTTERWEICH, M. D.

Cleveland, O.

—:o:—

If such remedies as Lycetol are used they should be continued for at least a month and probably six, as benefit is not to be expected from a few doses. Of course they are remedies for the intervals, not for the paroxysms.—Ed.

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The dose of juglandin in the majority of instances may be put at 0.01 or 0.02 every two hours while the patient is awake.

### STRYCHNINE AND ATROPINE FOR TOBACCO-HABIT.

In treating patients for the tobacco-habit commence by giving one granule of strychnine nitrate gr. 1-134, and one of atropine sulphate gr. 1-500, every two hours; then increase the atropine one granule each day until the throat gets dry. On the fourth day increase the strychnine to two granules and on the eighth day to three granules. When you get the throat dry or the patient don't like his tobacco, hold the dosage at that point for a few days, and note the condition of the patient in regard to the remedies, and increase to dryness of throat or decrease if the patient is getting too much. The patient will soon give up his tobacco. Decrease the atropine one granule each day until you are giving one, then continue this dosage for several days. You will decrease the strychnine on the fourth day one granule, and one the eighth day. I have cured hundreds of cases in this way.

I think we will have to ask Dr. Abbott to put up this granule: Strychnine nitrate gr. 1-500, and atropine sulphate gr. 1-500.

Increase and decrease dosage as directed for atropine. I have had this formula in granule and tablet form, but I like the granule best. The treatment should be continued three weeks.

D. ANDERSON, M. D.

Ashton, S. D.

—:o:—

I would suggest in addition a vial of berberine tablets to be carried in the pocket and one used as a lozenge whenever the desire for tobacco is felt. I am

There is such a thing as the cumulative effect and an acquired toleration of digitalis.  
—Byrne, *Merck's Archives*.

becoming much attached to berberine as the specific indication for its use appears so frequently.—Ed.

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### ARECOLINE.

I see no reason why arecoline hydrobromate should not be used for human beings. It would be a valuable addition to the materia medica. It acts like pilocarpine on the sweat and secretory glands, and relieves pain in the kidneys. Atropine antidotes it as to the secretions while morphine allays the peristalsis it causes. If severe pain follows its use, do not use morphine if you wish catharsis but give *cannabis indica*. I never use anything, however, as the pain subsides within an hour, although the catharsis continues sometimes three hours.

I inject one grain hypodermically for a mare weighing 1100 pounds and repeat in an hour if no action takes place. It is a very fine cathartic. Free salivation occurs within five minutes, and the bowels move in fifteen to forty minutes; also urination occurs. Sometimes stained watery fluid passes in streams from the rectum. It is a safe and sure cathartic in all impactions and constipations; but in entire paralysis of the bowels it fails, when strychnine and atropine are required. Arecoline replaces physostigmine and pilocarpine, which we use for the same purpose. If an enema is first used the action is quicker. It is a great remedy in laminitis, gr. 3-4 two to three times a day.

H. THOMPSON, V. S.

Newman Grove, Neb.

For anemia try the constant infiltration method, giving iron phosphate one granule 0.01 every hour excepting when asleep.

### DYSENTERY.

The season of the year is near at hand when dysentery and bowel troubles will be upon us. And what is our most potent remedy? I have practised medicine since 1883, but I have found during that time nothing that is so effective as Abbott's Saline Laxative, given in small doses, repeated, then followed by an astringent.

I have been affected with periodic attacks of dysentery for 18 years, and you may judge that during that time I have tried many remedies; but none acted so effectively as the Saline Laxative. If any brother practitioner has a case of cramps, or griping in the stomach let him try it. Take about a teaspoonful in water as directed, and repeat in 15 to 20 minutes. It beats morphine: it sweetens the stomach, neutralizes the gases of the stomach and bowels, and being a mild laxative eliminates any and all irritating matters.

W. E. BRIDGMAN, M. D.

Butte, Neb.

— :o: —

Clear out and clean up! Nature usually does her part if you give her any sort of a show.—Ed.

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### LIME IN THE EYE.

Wash the eye thoroughly with a large quantity of warm water—for a little water but adds to the trouble by slackening the lime—and then introduce a solution of sugar and water. This is superior to solutions of vinegar or dilute acids, because sugar forms an insoluble compound with lime.

Discontinue digitalis at intervals, during which *strophanthus* may be used to advantage.—Byrne, *Merck's Archives*.

# AMONG The BOOKS

Hundreds of pamphlets and reprints come weekly to this office, none are neglected, all are classified, some for future reference and some to the W. B. averno. The reprint from *American Medicine* of February 1, 1901, on "Alcoholism and Crime"—How we should deal with the criminal alcoholic," by Heinrich Stern, M. D., of New York City, has so impressed us with its excellent, sterling and practical immediate value, that we call loudly the attention of the thousands of our readers to it, urging upon them to procure copies of this reprint and circulate them far and wide as leaves for the healing of this plague of our and other nations.



*Etidorhpa, or The End of the Earth.*  
By John Uri Lloyd. Eleventh Edition,  
New York, Dodd, Mead & Co., 1901,  
8 vo., pp. 375. Price \$1.50.

Viewed simply as a work of imagination, this book has the same interest possessed by Jules Verne's earlier works. But the Frenchman's characters are lifeless; there is an unreality about every one of them that destroys all interest in their individuality. Lloyd's are real men, not specially attractive, but, alive.

As a "novel" there is a total absence

of any romance, and the enlivening presence of the soubrette and the low comedian. As in all Lloyd's books, he does not condescend to this means of winning popularity, but presents his creations in their native strength, for those who meet them to read or let alone as they choose. And yet he has proved over again that when one has something to say, people do not need the arts of the bookmaker or the promoter to give it circulation; for Lloyd's books take their place among the most widely read of the day. And it speaks well for the reading public of America that this is so. Strong, healthy, original thought, has an attractiveness that no art of the costumer and the press agent can give.

There is not much character delineation. The leading character—we cannot term him in any sense a hero—strongly recalls Pharaoh and the Jew of old in his mulish obstinacy, or hardness of heart, in which he is closely pressed by the recipient of his tale. Dr. Lloyd must be surrounded by a set of hard-headed unbelievers, too well grounded in the beliefs of to-day to pierce the obscurity overhanging to-morrow.

The cosmic hypotheses put forth are well worthy of profound study. As in

Stringtown-on-the-Pike, the caution is inculcated that one must beware of positivism, of measuring the possible by the known; of assuming as final and immutable truth the postulates of the science of to-day.

Etidorhpa is not a book with which to while away an idle hour; it is not in any sense "entertaining," but to him who desires to take a glimpse into the possibilities of the future, of the thought, the belief, the discoveries that may characterize the century now opening, the work possesses a charm difficult to express in words.

The story impresses us as one written at distant periods; the interest that prompted the first part having died out before the work was completed. The first part possibly was meant as a defense of Morgan, the man who published a book purporting to betray the secrets of Masonry, and whose supposed murder led thousands to abjure the order, and made Anti-Masonry a plank in Presidential platforms. This impression is strengthened by a supplementary chapter, in which is still further developed the theory of Morgan's defense. He is represented as concluding that the time had come for the secrets of Masonry to be made public, that humanity might benefit by the knowledge that had been retained for ages in the custody of the order. If this is really meant seriously, it may be remarked that these secrets were not Morgan's property, but entrusted to him by his fellows; that it was the order and not he who had the right of determining when they should be made public; and that the "secrets" supposedly revealed in his book were simply the ordinary "signs, grips and

passwords," relating to admission to lodges, etc., and of no possible benefit to any one whatsoever, unless for the object of obtaining surreptitious entrance to a lodge-room—surely not a very praiseworthy ambition.

The second part of the work takes Morgan through sundry subterranean passages, to another world, occupying the inner surface of the earth's crust. Here the chemist comes into evidence, with numerous paradoxical problems, relating to gravity, water running up hill, water abstracted from salt but not by evaporation, etc. The book's title, Etidorhpa, or Aphrodite spelt backwards, refers to a sylphlike being, who has so very little to do with the book that one has to guess why this title has been chosen; but after reading the book through we are not prepared to propose a better.

The imaginative element is quite interesting, in spite of the absence of a sustained plot; but the chief value of the book lies in the numerous problems presented, the food for thought.



*Diagnostische u. Therapeutische Versuche ueber den Abdominal-typhus, von Dr. Romolo Polacco, Urban and Schwarzenberg, Berlin and Vienna.*

The above comes from the grand hospital (*Ospedale Maggiore*) of Milan, Italy, sent with the compliments of the author to Dr. Waugh as a reprint from the *Wiener Medizinische Presse* of 1901.

The brochure with its beautiful bacteriologic illustrations is exceedingly interesting in documenting modern scientific minute and painstaking labors in the endeavor to differentiate between the bacillus coli and the typhoid bacil-



Very little iron is absorbed at one time. In debility keep the metal constantly in the stomach by hourly dosage.

Nasal feeding, after cocaine, is sometimes needed in uremia and throat affections.—Byrne, *Merck's Archives*.



lus. We shall save ourselves the labor which we were about to do in reviewing this brochure by pointing the reader to *Merck's Archives* for January, 1902, page 29, where it is done in a measure. We translate here the concluding remarks only of Dr. R. Polacco.

"The final conclusions which I am entitled to draw from my labors and my very numerous and extensive clinical and bacteriologic experiments I can comprise in the following:

1. The bacteriologic examination of the feces in abdominal typhus can give us extremely important starting-points, inasmuch as it can give a certain diagnosis in the very first days of the sickness when the diagnostic reaction of the serum cannot be made available as yet.

2. Cases in which the bacteriologic examination could not be made, and where the sero-diagnostic reaction was constantly negative cannot be pronounced as abdominal typhus.

3. It is the duty of the modern clinician in the treatment of abdominal typhus to abandon the antiquated symptomatic therapy and to make use of the causal treatment, i. e., internal antiseptics, inasmuch as bacteriologic investigation demonstrated the possibility of such antiseptics.

4. The best intestinal antiseptic, both as regards harmlessness and efficiency as well as its almost specific effects in abdominal typhus is Ichthyform.

5. To shorten the course of the sickness, to afford the patient relief and comfort for hours and nights, and to avoid generally complications from the bronchi, lungs, and skin, we must resort to ichthyol baths.

Ichthyform is a chemical compound

of Ichthyol and formaldehyde. Merck & Co. publish a separate brochure on "Ichthyol, clinical reports and formulary," in which Ichthyform is fully described.

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*The Four Epochs of Woman's Life.* By Anna M. Galbraith, M. D., 12 mo, 200 pages. Philadelphia, W. B. Saunders & Company, 1901. Cloth, \$1.25, net.

There is a good deal of good sense up to page 39 of this book, excusing the stating of theories as veritable facts, but then comes all at once the moral kick, which spoils the pailful of the milk of human kindness by the author's belief that "as the close of the nineteenth century has freed the uterus of the thralldom of the ovary, so the beginning of the twentieth century may see the emancipation of the woman from the thralldom of both." Would this lady-doctor have this desirable defemination completed with an occlusion of the vagina too? Otherwise—we will not finish the sentence. Greater levity than this will hardly be found in the most frivolous demi-monde world anywhere. On page 42 there is a dry piece of humor anent Dr. Mary Putnam Jacobi's female menstrual wave theory of metabolism, by simply mentioning, that the same metabolic wave was found to exist in males too and the lower animals.

The medical parts of the book are up-to-date, reliable and therefore commendable. But the marital part, not the premarital, which is very good, is still little better than the impracticable preachment of that continence, which logically leads to prostitution, concubinage or Mormon-



Niemeyer showed long ago that the larger the doses of iron given in anemia and chlorosis, the better would be the result.

Headache powders do not cure headache, but they do cause neurasthenia and impotence.—Byrne, *Merck's Archives*.

ism, or yet to more nasty and revolting practices. In many sciences taught by human beings the personal equation has to be taken into account, and when a woman like this doctor, teaches about the "burdens" of marital life we cannot expect her to be absolutely objective, and misgivings are excusable.



*Photographic Atlas of the Diseases of the Skin.* A series of 80 plates comprising more than 100 illustrations, with descriptive text and a treatise on cutaneous therapeutics. By George Fox, A. M., M. D. Part VII. Price \$1.50. J. B. Lippincott Co.

We have read every line of the letterpress of this Part VII and scrutinized every one of the 5 skin-disease portraits and we are glad to know that this part fully keeps us the excellency of the work. The portraits are remarkable for naturalness and unembellished accuracy and Dr. Fox's teaching flows on as steadily, kindly, honestly and wisely as ever. The physician who subscribes to this Atlas will have an invaluable treasure in his library and an efficient aid in his practice.



*Essentials of Physiology.* By Sidney P. Budgett, M. D., with many full-page half-tones. W. B. Saunders & Company, 1901. Cloth, \$1.00 net.

The physiologic doctrines of the latest science as taught in the latest manuals are here briefly, yet sufficiently restated in chapters to which questions for examinations and for deeper impression on the memory are appended. The plan of the book is well conceived and will prove a great help to the student.



The American stomach does not bear ten grain doses of sulphate of iron. Give 0.01 every half hour while awake.

We have been favored with a nice batch of French publications which we desire to acknowledge and notice briefly for the benefit of our readers.

Gabriel Viaud, *Le Sulphydral* (calcium sulphide), *daus l' Angine Diphtherique, le Croup, le Tuberculose, et les Maladies Infectieuses Microbiennes et Parasitaires*, Paris. Institut Dosimetrique, Charles Chanteaud, Directeur, 54 Rue des Francs-Bourgeois, 1900.

The price of this very valuable monograph of 107 pages, large octavo, is not given, but perhaps it could be obtained gratis from the publisher. Had we as much time as we have goodwill in this office for this publication we would be glad to render it in English for our readers. As it is we must satisfy ourselves with giving here a translation of the table of contents in order to show its value:

After a dedication, preface, and a comparative analysis, there come:

1. A general view of present medicine and therapeutics.
2. General properties of calcium sulphide.
3. Calcium sulphide as an alkaline antiseptic.
4. Allopathic antiseptics and calcium sulphide.
5. Posology and administration.
6. Germicidal power of calcium sulphide.
7. Therapeutic action of calcium sulphide in diphtheritic angina and croup.
8. Tuberculosis.
9. Other diseases tractable with calcium sulphide.

Conclusions: Any one reading French will be much benefited by learning from this monograph the wonderful power of this remedy.

Strychnine when badly needed should be pushed to rigidity of jaw, and muscular twitchings.—Byrne, *Merck's Archives*.

*A manual of the Practice of Medicine.* By George Roe Lockwood, M. D. Second edition. Octova, 847 pages, 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$4.00, net.

This is a well-written annual for a rapid *résumé* of the essentials pertaining to the knowledge and treatment of diseases. It is not designed as an exhaustive treatise but is nevertheless up-to-date as far as it goes.

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H. Bocquillon Limousin, *Formulaire des Alcaloïdes et des Glucosides*. Paris, J.-B. Baillière et Fils, 1899. Price, 3 francs.

By the same author and publishers, *Formulaire des Médicaments Nouveaux*, 13e edition, 1901. Price, 3 francs.

These are excellent formularies and worthy every way to refer to in matters of medicaments and therapeutics. Progress in any branch of human knowledge cannot be had by confining oneself to any one language or people. All the nations of the earth are progressing and we all must learn and teach mutually and reciprocally.

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*Guide d'Alcaloïdo-thérapie Dosimétrique*, par le Dr. Albert Salivas. Paris, *Institute Dosimétrique*, Charles Chanteaud, Directeur, 1901.

This is a larger book than Dr. Tous-saint's "*Nouveau Manuel de Médecin Dosimètre*," of 1899. Dr. Salivas does not mean to supersede Dr. T's excellent manual but has only, as he says in his preface, the great ambition of seeing his "Guide" becoming second to it in usefulness. We have examined both of these works carefully, and are ready to

say, that with Dr. T's Manual in hand, respectively in mind, and following Dr. S's Guide any one who is an educated physician can become in a little while an efficient and successful dosimetrist, or as we say here, an alkalometrist. We heartily recommend both of these books to any physician of any school who desires to heal his patients.

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*Clinical Laboratory Methods. A Manual.* By John B. Nichols, M. D. Illustrated. Publishers: Wm. Wood & Co., 288 pages and a full index. Price, \$2.50.

For the general practitioner, who should be informed about the new methods of arriving at a more sure diagnosis, whether he does the work himself or has it done for him, this manual will prove very useful. It is summary in its treatment of subjects, is not too detailed and very plain and practical in statement. A good book to refer to in the laboratory also.

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*Progressive Medicine*, Vol. IV, 1901, Edited by Hobart Amory Hare, M. D. Octavo, cloth, 400 pages, 13 illustrations. Per annum, four volumes, \$10.00. Lea Brothers & Co., Philadelphia and New York.

We have had the pleasure and profit of reviewing the previous seven volumes of this inestimable work in these pages, and we have often spoken highly of their value to the wide-awake physician. We have carefully examined this present volume and as we are continually watching the progress of our art and sciences of medicine during the year, we can confidently say, that no item of these has escaped from being noticed longer or shorter in these four volumes during

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In convalescence from acute disease iron phosphate is always indicated, in small doses very frequently repeated.

Cocaine alternated with strychnine wonderfully enhances the effects of the latter.—Byrne, *Merch's Archives*.

the year. This volume is, perhaps the finest of the four. In giving here the table of contents, we remark that each extensive subject is treated here exhaustively:

1. Diseases of the digestive tract and allied organs, etc.
2. Genito-urinary diseases.
3. Anesthetics, fractures, dislocations, amputations, surgery of the extremities, orthopedics.
4. Diseases of the kidneys.
5. Physiology (a splendid article).
6. Hygiene (many new things).
7. Practical therapeutic referendum (inestimable, indispensable).

The index is full and very helpful.

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*Drug Habits and Their Treatment.* By T. D. Crothers, M. D. G. P. Engelhard & Co., Chicago. Price, \$1.00.

The title of this book does not give the ordinary idea of "drug" for the author applies this term to alcohol and devotes 60 pages of the 96 to alcohol inebriety and 36 pages to opium, cocaine, chloroform, chloralism, ether, tea habit, coffee addiction, arsenic, *eau de cologne*, ginger, paraldehyde and gelsemium. The value of this monograph so far as extensiveness is concerned lies in its first-named 60 pages, while on the strictly drug habits the author has another book which we expect to review soon.

We desire also to state in reference to ginger, some more definite items than the author gives on pages 92 and 93. Jamaica ginger, which is a tincture, contains more than "from ten to forty per cent of alcohol." If it contained only that much alcohol and the rest water it would never be clear as it is. It cannot, therefore, fall much short of the 90 per

cent alcohol directed in the U. S. Dispensatory. The commercial article sold in the groceries is frequently made in part with wood spirits.

❧

*A Brief Manual of Prescription-Writing.* In Latin or English. By M. L. Neff. Pages v-152. Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., publishers, 1914-16 Cherry Street.

A very useful book which every physician who writes prescriptions and is ambitious enough to be literarily correct in Latin, rather than write them in English will, if he is not a Latin scholar do well to purchase this book and make a study of it. There is only one point which we shall always protest against as un-American, confusing, and dangerous. We refer to the footnote on page 19, the chemical spelling reform of "in" ending indiscriminately the names of alkaloids, glucosides, concentrations and what not. We are glad to be supported in our contention by the "Reference Hand-book of the Medical Sciences," which well deserves its claim to be the standard medical authority.

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*The Practical Medicine Series of Year-Books*, comprising ten volumes of the years' progress in medicine and surgery. Issued monthly. Prof. G. P. Head, M. D., general editor. Vol. I. General Medicine, edited by Frank Billings, M. S., M. D. October, 1901. Chicago: The Year-Book Publishers. Price, \$1.50.

Vol. II, edited by John B. Murphy, M. D. November, 1901. Same publishers. Price, \$2.00.

The design of this praiseworthy enter-

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Iron phosphate may be given a granule every quarter hour, rather than in larger doses at longer intervals.

Cocaine acts on the cortical centers, strychnine on the spinal; hence, alternate them.—Byrne, Merck's Archives.

prise is to give during the year about 2400 pages of medical literature, comprising the most recent and matured practices in medicine and surgery edited in one volume per month at a cost between \$1.25 and \$2.00 per volume, and by active teachers who are informed of the latest that our active and progressive arts and sciences in medicine and surgery have obtained and which they have themselves verified in their own practice.

The two volumes before us have well fulfilled the promises of the publishers and give more than an equivalent for the price charged. But they offer even more, namely: "To subscribers for the entire series the price will be \$7.50." They can do it in view of the large orders they have received already. They ask only \$3.75 on receipt of the fifth volume and assuming the certainty that the volumes following these first ones we have seen will equal them in excellence we can but be pleased that such an amount of knowledge is offered the practitioners at such a reasonable price.

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*Clinical Diagnosis.* A manual of clinical diagnosis by means of microscopical and chemical methods for students, hospital physicians and practitioners. By Charles E. Simon, M. D. New (4th) edition, thoroughly revised and enlarged. 608 pages, illustrated with 139 engravings and 19 plates in colors. Cloth, \$3.75, net. Lea Brothers & Co., 1902.

This thorough work on diagnosis marks the greatest advance of practical scientific medicine in this country. And the cheering marking is not only the splendid and practically utilized scholarship of the author of this book but that

there is such a demand for such a book from not only the professional laboratories of the country, but from many, it seems, of the rank and file of the profession.

We are not paid any better now than we were before we were so searchingly scientific; we are not esteemed any better now, we have not any more voice than before in sanitary legislation, nor are we protected legally in our rights to demand payment for our arduous and often perilous labors than we were before, yet we forge ahead laboriously in the most vital interest of living humanity, and this book testifies to all this our self-sacrificing devotion to truth and humanity.

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*A Manual of Volumetric Analysis.* Treating on the subjects of Indicators, Test-Papers, Alkalimetry, Acidimetry, Analysis by Oxidation and Reduction, Iodometry, Assay Processes for Drugs with the Titrimetric Estimation of Alkaloids, Estimation of Phenol, Sugar; Tables of Atomic and Molecular Weights. By Virgil Coblenz, Ph. D., Pharm. D. Illustrated. P. Blakiston's Sons & Co. 1901. Octavo, 180 pages. Price, \$1.25, net.

There are other good chemists in this country, but few excel Coblenz in lucidity and fullness of statement. It will be a right hand book in the laboratory.

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*Materia Medica and Therapeutics.* By John V. Shoemaker, M. D., L. L. D. Fifth edition, thoroughly revised, pp. VIII and 1143, 9¼x6¼ inches. F. A. Davis Co. Price, \$5.75.

This book seems to be the fullest and most up-to-date on the subjects it treats.

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Any iron salt in judicious doses increases the appetite if it is given just before the meals in watery solution.

The presence of delirium need not always contraindicate the use of cocaine.—Byrne, *Merck's Archives*.



The tone is conservative and keeps to professional comity. We do not find that the doctor omitted anything that is in vogue at the present time in materia medica and therapeutics even those that are yet *sub judice*. In this respect the book is of greater value than many of its kind.

On page 84 we notice an inadvertency in putting the dose of agaricin at one to five grains, which is far too high, but the reader will soon notice on page 85 the true dose, viz., gr. 1-12 to gr. 1.

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*Morphinism and Narcomania* from Opium, Cocaine, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medico-legal Relations. By T. D. Crothers, M. D. 12mo of 351 pages. Philadelphia: W. B. Saunders & Co., 1902. Cloth, \$2.00, net.

Of the 357 pages of this book 269 are devoted to morphinism, and are replete with important facts for the physician, the lawyer and the sociologist. Dr. Crothers writes from a large experience, both nosocomial and private practice, and his authority is therefore of the highest in the country. The book, however, is in its first edition and has not that concentration which subsequent editions no doubt will have. The doctor's style is free and not cramped by the conventional deficiencies of the language and he coins such expressive words as "tubercolic" and "somniac" and phrases as "higher brain," "higher ethical brain" and "higher moral brain," which makes us think and ultimately agree with the doctor in the thoughts for which these words and phrases stand. The Dr.'s relations of the secretiveness of morphin-

ists and how this accounts for many cases of sudden death from heart-failure, are exceedingly valuable information for physicians and lawyers.

On page 144, the Doctor speaks of the usefulness of washing out the stomach "many hours after the case (of poisoning) was discovered," as it "has resulted in finding traces of morphine and opium which were not absorbed." We are not certain about opium, but morphine is certainly resecreted into the stomach and this accounts better for its presence there "after many hours" than to assume that it was "not absorbed after many hours."

On page 164, the author speaks of "grain products" as the "best nutrients, which can be given," "after the withdrawal symptoms are passed." There is the germ of a great discovery in this statement if he knew what these "products" are. We are glad to notice on page 188 that the author is acquainted with our Dr. Waugh's successful labors in morphinism, but what is the meaning of "alkaloid" in the footnote? We know of no book or journal by the name "Medical World and Alkaloid."

A strange misprint on pages 200 and 203 is euphobia for euphoria.

On page 221 the author says: "Alt pointed out the fact that morphine remains in the stomach and large intestines from which it is excreted and eliminated but only after some time has passed." But if it "remains" there it cannot be excreted from there. This is an inadequate statement similar to the one on page 144, to which we referred. The truth is, as it was but recently ascertained, that morphine is excreted by the gastrointestinal mucosa even when hypodermically administered, and when given

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The choice of a chalybeate for debility and anemia depends upon the stomach and the palate of the patient.

In urgent cases the initial dose of strychnine should seldom be under gr. 1-15. Repeat every 6 hours.—Byrne, *Merck's Archives*.



*per os* it is absorbed into the circulation and then resecreted by that mucosa.

On page 222 we are told that "opium in the powdered form is absorbed in the stomach." Surely not as a powder. And there too in the next paragraph the "curious fact, that but few animals are susceptible to opium," is not very clearly illustrated by the fact that elephants, horses, dogs, monkeys and fish come readily under the influence of alcohol."

The medicolegal part of this book on morphinism is of invaluable importance to the legal profession and to the physician who may be called upon as a witness. The chapter on cocaineism is a revelation of facts little known but sad and calling for help.

In the author's notes on coffee we miss any reference to the Turks' habit of drinking the strongest infusion harmlessly. So too the Russians' habit of drinking tea. Nor does the author mention the terribly deleterious effects of tea on the professional commercial tea-tasters for the purpose of assortment. On this subject one would like to hear Dr. Crothers above any one else. The Doctor's information on arsenic and chloride of sodium as articles of addiction will be news to many a reader.

Finally we wish to urge upon our readers to get this book, read it and inwardly assimilate it. And if any one reading it should feel himself, after doing so, unfit to undertake the treatment of an addiction case, especially of morphine, the book will have fulfilled its mission to him too.



*American Edition of Nothnagel's Encyclopedia.* Variola, Vaccination, Varicella, Cholera, Erysipelas, Whooping

Cough, Hay Fever. Variola (including Vaccination)—By Dr. H. Immermann of Basle. Varicella—by Dr. Th. von Jurgensen of Tübingen. Cholera Asiatica and Cholera Nostras—by Dr. C. Liebermeister of Tübingen. Erysipelas and Erysipeloid—by Dr. H. Lenhartz of Hamburg. Whooping Cough and Hay Fever—by Dr. G. Sticker of Giessen. Edited, with additions, by Sir J. W. Moore, B. A., M. D., F. R. C. P. I., Professor of the Practice of Medicine, Royal College of Surgeons, Ireland. Handsome octavo volume of 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$5.00, net.

Early in the '60's of last century the writer of these lines studied the minute microscopic anatomy of variola with Solomon Stricker and Von Barsch in the General Hospital of Vienna, Austria. We had the arm of a patient who died from that disease and from this we prepared arterial and venous injected specimens and uninjected and carmine stained ones. We worked with good microscopes of 600 magnifying power, not immersion ones. We got excellent and satisfactory explanations of the pitting process, the "Delle," from the uppermost to the deepest layers of the various dermic cells. These studies I can never forget. Later in the '60's I had in charge the smallpox wards of the Austrian Marine Hospital at Pola on the Adriatic Sea, in which I had for months not less than 60 variola patients from the Dalmatian sailors in whose country vaccination was but rarely practised in the rural districts. We all know how some early studies which we have made thoroughly in medicine impress themselves indelibly on the mind



In diarrhea with relaxation and local debility iron tannate is useful if given in doses of 0.01 every hour or oftener.

Cocaine is best given to be absorbed by the mucous lining of the nares and pharynx, or hypodermically.—Byrne, *Merck's Archives*.

and become almost as familiar as unforgettable friends. It is probably owing to these facts that the article on Variola in this volume attracted my attention so strongly. Its 279 pages are replete with valuable literary, scientific, practical therapeutics and public hygienic and sanitary information. Nothing that is even of a remote interest both in the disease, in variolation and in immunizing vaccination, is seemingly neglected.

Excellent, however, as this monograph is in many respects, in others, respectively in that of illustrations, it will not make Dr. W. T. Corlett's treatise on the acute infectious exanthemata, which we reviewed in the January CLINIC, dispensable, but rather indispensable.

These two works should stand as the safely guiding authorities for the next two generations, even in this twentieth century.

Varicella (chicken-pox) receives here also a fuller discussion than is usually given to it, and yet its relation to small-pox is of the highest interest and is yet *sub judice*.

Cholera Asiatica receives in this volume a succinct discussion. In the treatment given here, during the cool stage, we miss the vigorous friction with hot aromatic vinegar, a means which the writer of these lines helped to use successfully in the epidemic of '46 in Russia.

Cholera Nostras is here but briefly treated.

Erysipelas and Erysipeloid receive here a more extensive discussion than usual.

Whooping-cough and hay-fever are also extensively and gratifyingly discussed here.

The entire volume is the very best

contribution we have received on the subject discussed in it for many a year.

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*A Practical Manual of Insanity.* For Student and General Practitioner. By Daniel R. Brower, A. M., M. D., LL. D., and Henry M. Bannister, A. M., M. D. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$3.00, net.

The stress and strain of modern life, especially urban, with the often indulged intoxications and narcotisms which are resorted to for relief, and that by bodies debilitated from lack of exercise, because over-relieved from heavy labor by machinery, and minds politically elevated from subclassification to a higher social equality, under such conditions the reasonable requirement of a "*mens sana in corpore sano*" must often be found unrealized. Hence the great increase of insanity with which the practitioner meets almost every day. And it is but reasonable to expect, that if informed on the subject the physician, especially the family one, could often prevent, mitigate, initially treat and always prudently advise in such cases, before they become necessarily inmates of asylums. The progressive honest physician can, therefore, not afford to be uninformed on the subject of this book and yet maintain his otherwise deserved standing with the laity and the profession. The book before me deserves very high commendation for the happy mean it keeps between prolixity and undue concentration. Then the style of the authors' is very readable and the matter often very interesting and always informing and suggestive.

The paper and printing are very grateful to the sight.

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In the subacute and chronic stages of diarrhea and dysentery iron tannate is effective when given judiciously.

Ridiculous: To put drugs in the stomach when a cesspool of fermenting, unabsorbed materials.—Byrne, *Merck's Archives*.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

The Golden Cross Eye, Ear, Nose and Throat College and Clinic.

In a recent CLINIC, there appeared a not very complimentary reference to the Golden Cross Eye, Ear, Nose and Throat College and Clinic of Chicago, given in answer to a query. This elicited from the College authorities a letter which particularly attracted our attention from its tone of moderation under circumstances well calculated to make one angry. The writer therefore concluded to act as a committee of one and visit the College himself and see what it was. He found it to be a regularly incorporated institution under the direction of regular graduates in medicine giving instructions in Refraction and Optometry in general by correspondence courses supplemented by Clinics at the College, in the departments named in their title, where they have the necessary equipment for such a purpose. Many of their students are practising physicians, who

seek thus to equip themselves for doing such specialty work as comes to them. Whether such work can be learned by correspondence alone is for each intending student to judge for himself. The College appears to be doing a legitimate business, has many complimentary testimonials from graduates, and I believe is giving students the worth of their money.

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Report on Query: "Some time ago I wrote you about burning in the soles of my feet, for which you recommended boldine. I am better in every way and the feet do not bother me as much. I had three stones removed from my bladder by suprapubic cystotomy. I have believed for years my kidneys caused the burning, for my bowels have been regular. When I get to work again I will try boldine in practice. The urine ceased coming from the wound twenty-nine days after operation—pretty good for my age, 62 years.

G. F., Ohio.

I am very glad indeed to hear that you are better. Let me know Doctor, whenever you think I can be of any service to you.—Ed.

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In answer to Query 2931: I have had good results from  $\frac{1}{2}$  dram doses of soda phosphate.

In answer to Query 2945: Have had good results from fl. ext. eucalyptus glob., for hot flashes after menopause.

A. H. M., Ill.

✱

Reply to Query 2991, April CLINIC: You direct to be taken together internally, iodoform, mercury biniodide, arsenic iodide.

Chemically "iodine and soluble iodides are incompatible with the alkaloids and the substances containing them, as well as with most metallic salts."

Query No. 1. Would any chemical reaction result from your above compound?

Query No. 2. Do the same chemical laws which govern iodide of potassium apply to calcium iodized?

To illustrate, would the following formula evidence incompatibility?

48 tablets gr. 1 calcium iodized,  
24 tablets gr. 1-67 arsenic iodide,  
24 granules gr. 1-67 zinc phosphide,  
24 granules gr. 1-67, mercury biniodide,  
3 fluid ounces spirits frumenti.

Dose: One tablespoonful before meals and at bedtime.

Query No. 3. What would result to the patient should there be added to the above solution 48 granules strychnine arsenate gr. 1-30?

R. B. ROWE, M. D.

Reading, Pa.

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## QUERIES.

QUERY 3055:—"Indigestion." Farmer, 36, fairly healthy; indigestion, kidneys impaired; urinates little and frequent, red, no albumin; myalgia in various locations; pain and tenderness in heels and instep, both feet, worse when cold or after standing much, ceases on retiring, recurring an hour after rising, worse the more exercise he takes; contour of feet good, no tenderness, redness or swelling, worse when shoes are laced tightly; no traumatism; has lasted a year; weight 200 pounds.

N. B., Kansas.

This man's kidneys evidently are not doing their work. When warm in bed the skin makes up to some extent, but when out in the cold and perspiration is checked the deficiency is more marked. First, let the bowels be kept clear and aseptic; second, give apocynin 2

granules before each meal and on going to bed. If no improvement results in a week, add to each dose sparteine gr. 1-6. An equal means of relief, although very troublesome, would be to insert a colon tube and throw in to the colon a pint of normal salt solution every day. As to the foot I think you will find it swells a little, provided you are sure there are no corns or other ailment to be found there.—Ed.

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QUERY 3056:—"Sycose." Please inform me what is the anti-diabetic known as Sycose, and where it may be obtained.

T. I. P., Illinois.

I do not find "Sycose" mentioned in Merck's Manual, or Wainwright's book on new remedies. Write to Schering

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Alcoholic solutions are absorbed from the stomach much quicker than watery solutions.—Byrne, *Merck's Archives*.

Iron tannate is useful to restrain an excessive loss of albumin, occurring in any form of nephritis. Dose to effect.

& Glatz, New York City, who will probably be able to inform you.—Ed.

✽

QUERY 3057:—"Lack of Development." Boy, 3, born at seventh month, mentally bright, frame undeveloped, no coördination, cannot support head, digestion good, sleeps well.

W. H., Alabama.

First, a hot salt bath daily, followed by rubbing with warm goose grease from head to foot. Second, calcium lactophosphate a granule every hour while awake. Third, pure fruit juice a tea-cupful a day, with nutritious diet, raw eggs especially. Your treatment is excellent and I simply recommend what I have in addition. I don't consider the case hopeless.—Ed.

✽

QUERY 3058:—"Tetanioid." Man, 40, sciatica for years, last October wounded left calf with barbed wire, soon healed. Two weeks later stopped work from pain in leg; one week later seized with spasms in the jaws, becoming general until rigid; lasted up to an hour, recurred six times a day; felt well while out of spasm, no fever, decided opisthotonos, good appetite. This continued seven weeks, leaving him lame. Three weeks later again seized in the same way, with general jerking. When out of spasm felt well, but tender along left sciatic and lumbar spine. Applied ice to back of head, injected tincture of hyoscyamus, hypo, half a dram, with speedy relief; left him on veratrum viride, with calomel, ipecac and soda, and the intestinal antiseptics, with B. U. T.

G. J. K., Nebraska.

Reflex convulsions, tetanioid in type from injury to the nerve; neuritis extending from it. Medicinally the treat-

ment was good but I should have cut into the wound and severed the nerve there.—Ed.

✽

QUERY 3059:—"Morphinism." Can I afford to guarantee a cure of a bad case of morphinism? Lady, 50, began laudanum for pleurisy, has used it ten years.

F. H., Texas.

You can afford to guarantee a cure if there is no underlying disease like diabetes or cancer, and the patient consents to give you full sway; but Doctor, she will go back to it. Women nearly always do, when they have taken it for ten years, so you must be careful to stipulate that you are not responsible for a relapse.—Ed.

✽

QUERY 3060:—"Epilepsy." Youth, 20, fits since 8, I want to try alkaloids here. Please give details in regard to treatment by Brewer, and by F. W. K., September CLINIC, p. 775.

L. P., Missouri.

Dr. Brewer is curing epilepsy by the use of goat serum; which he does not sell, having use himself for all he can secure. F. W. K. used hyoscyamine one granule, camphor monobromate five and strychnine arsenate three, given together and repeated every hour until the patient's mouth began to feel dry, after that often enough to keep up this effect during the time when the fits threatened to appear. This patient had fits once a month, and the treatment was kept up during the week when the fits were expected. The most successful treatment is probably that by verbenin, three granules before each meal and three at bedtime, increased if necessary, and contin-

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In anemia with nervous irritability and erethism iron valerianate is an admirable remedy. Dose 0.01 every hour.

How long will it take us to learn that there is no fixed rule for the dosage of drugs? —Byrne, *Merck's Archives*.

stance aconitine with aconite, dosimetric quinine with the ordinary sulphate, etc.  
N. P., Maryland.

H. F. L., Illinois.

Strophanthin would be my remedy for his heart, in moderate doses, until the dry diet has a chance to get its work in. As to the eye, I will refer that portion of your letter to an expert.—ED.

HUGH BLAKE WILLIAMS.

100 State St., Chicago.

QUERY 3063:—"Spasmodic Cough." Please give me your best remedy for spasmodic cough.

S. L. J., Pennsylvania.

There is no blanket remedy for spasmodic cough. Pure spasmodic cough is very rare. When it does exist it is relieved much by cicutine hydrobromate. Strychnine would be indicated in conditions of this character. When the cough is a reflex the cause must be ascertained and treated; meanwhile, sooth-

QUERY 3062:—"Dosage." What I really want to know is the doses of the alkaloids as compared with the older forms of the same medicines: for in-

I have sometimes found that the malate of iron suited a delicate stomach when every other preparation irritated.

When strychnine gr. 1-30, by the mouth fails, gr. 1-10 hypodermically may still save life.—Byrne, *Merck's Archives*.



ing sedative remedies are indicated. Of these codeine, Gregory's salt, small doses of morphine, emetin, lobelin, scilletin and rarely glonoin have their place. Hyoscyamine is a direct pneumogastric sedative or antispasmodic.—ED.

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QUERIES 3064-5:—"Literature." The more alkalometry I read the more I like it; and the more I use the granules the more pleased I become, as I understand better how and when to administer them.

Contemplating two months' vacation I write to ask what books you would recommend to me bearing on alkalometry. I take both the CLINICS and have "Sexual Hygiene," "Shaller's Guide," "Treatment of the Sick" and "American Alkalometry, Vol. 1.

I am the only physician here using the alkaloids, and they meet a good deal of opposition from laity and profession—not because they have less success, but simply because they are new and unlike anything the people have been accustomed to. But I shall not be discouraged, as I am convinced beyond the shadow of a doubt that this is the most scientific, accurate and convenient method of drug administration yet devised, and that it is only a matter of time until all physicians are using them and all colleges teach their use.

This brings up my first question: When the patient objects to taking the medicine hourly, is it safe to give a triple dose every three hours? In chronic cases is this way not the better?

Can I obtain arbutin tablets in larger doses than gr. 1-67?

"Euarol," etc. Is Euarol to be diluted before using? What is the best atomizer for it?

Who supplies the aphroditic lymph, semen suppositories and compound phosphorus pills recommended by a recent writer in the CLINIC, with other articles? If we physicians better understood such conditions there would be a smaller field

for the quacks. Could the treatment he recommends be utilized for women with sexual anemia as well as for men?

Is or will there be a post-graduate course on Alkalometry in Chicago?

In conclusion, I desire to say that I am not only exceedingly well pleased with your granules but with the literature I have obtained from you. The former I find all you recommended them to be, and your methods of treatment all you claimed for them. The granules can be given when indicated with absolute confidence in their safety and absolute certainty as to results. The literature I find exceedingly instructive and equally as interesting.

W. B. R., West Virginia.

I am glad to learn of your interest in Alkalometry, as voiced in the CLINIC, and sincerely trust that you will go on with your studies and your experience, until you are fully satisfied that this is the *sine qua non*.

I want to congratulate you upon the nice bunch of literature that you have and I must say that you have about all there is of real value along this line, excepting "American Alkalometry, Volume 2." This is now ready, and you ought to have it. And while you are about it, Doctor, to help you pass away the time, why not let us send you a copy each of "Stories of a Country Doctor" and "Recollections of a Rebel Surgeon." They are very interesting little books, at \$1.00 per copy. Our work on "Therapeutics" is very large, and will be a long time in preparation.

As to the difficulties in introducing Alkalometry in your practice, will say that you can easily modify appearances by solution or otherwise, so that no objection should be raised. Just explain to them that it is the active prin-

The phosphate of iron is particularly well suited for the young of either sex with structural deficiencies.

Too frequent visits tend to obscure the physician's observations of drug-action.—Byrne, *Merck's Archives*.

ciple that you are using, and I have never yet found anybody who was not willing to take his medicine in the pleasantest form possible. You have to modify your practice to meet all kinds of conditions, and should not expect to have a laboring man out at work take medicine once an hour, but if a person is sick in bed, every half to one hour is not too often. It keeps them busy and keeps them thinking of what you are doing for them. These suggestions, of course, are for acute cases. For chronic cases, slow chronic treatment is the thing, and then the proper dose should be given, two to four or six times daily. An old saying of Burggræve's is: "For acute diseases acute treatment; for chronic diseases, chronic treatment."

As to arbutin: While I admit that it might be used in the dosage you suggest, yet I have personally rarely found it necessary to give any but the minimum dose.

Euarol is the same as Europhen-Aristol with Petrolatum, and does not, as a rule, require dilution before using.

As to the medicines recommended by Dr. Williams, we know nothing about them. We have had a good many inquiries, so I judge others besides yourself are interested in his paper. The medical profession ought to be better posted on the treatment of these special conditions. I agree with you fully on this point.

I think there will ultimately be a post-graduate school of alkaloidal therapeutics in Chicago. We are planning for it. There is, however, none at present.

I am indeed glad to know that you

are well pleased with what you have received through the CLINIC and otherwise. We are trying to make of it a constant post-graduate course for the general practitioner, and it is indeed a pleasure to learn, as in your case, that we are giving satisfaction.—Ed.

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QUERY 3066:—"Copper for Phthisis." Frequently during the winter, patients have made reference to the "copper" cure for tuberculosis, and asked for information. I don't know anything about it or the form or combination of copper used, and presuming on the fact that about all of my dispensing nowadays is limited to your products, I write to ask if you can give me a pointer, or if you have prepared anything new in this direction.

A. H., New York.

You will find practically everything that is known on the use of copper in tuberculosis in the little book on "Respiratory Diseases" just issued by Dr. Waugh. We have not been able to obtain sufficient evidence of its utility to warrant its addition to our list. We can prepare copper phosphide by Luton's method if desired. If you would like an estimate for any number of tablets from 1000 up we will make it for you. I note that this idea is being taken up by a number of different people through the United States but have serious doubts as to whether it will prove effective, hence our hesitation to give it our recommendation.—Ed.

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QUERY 3067:—"Nuclein." About one year ago my wife was in bad health, all run down and you advised me to put her on nuclein, I did so and now we have a fine baby girl. Is this the usual and

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The citrates of iron with ammonia, quinine or strychnine, are very valuable chalybeates and should not be forgotten.

Strychnine, if urgently needed should be used hypodermically and in decided doses.—Byrne, *Merck's Archives*.

intended effect? If so, I think I shall make free use of it in the future to increase my obstetrical practice.

L. H. L., Arkansas.

I congratulate you on the advent of the girl. Yes, this is one of the results to be expected and continuance of the remedy will undoubtedly fill your house with olive branches.—ED.

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QUERY 3068:—"Tape-worm." Is it safe to give the tapeworm remedy to a patient just recovering from typhoid fever?

J. S., Michigan.

No, don't give the tape-worm remedy for at least six weeks, and keep your patient during that time on the best of tonics, the best of food, the best of attention to the condition of his alimentary canal.—ED.

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QUERY 3069:—"Copper Arsenite." How would you give copper arsenite to a six months' baby, with profuse watery diarrhea but no fever?

C. M., Iowa.

If I give a six-months' baby copper arsenite at all, I would dissolve a granule gr. 1-1000 in ten teaspoonfuls of water, and give a teaspoonful every hour; but I don't do anything of the sort, but instead give one of the sulphocarbolates, and proper diet and hygiene, and the child always gets well.—ED.

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QUERY 3070:—"Students." Is it lawful in any state for a legal medical practitioner to have a student assist him and charge for his services?

J. A. B., Arkansas.

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Any salt of iron is liable to increase an active hemorrhage or check a passive one, however given.

In most of the States the law in regard to registration does not apply to a student practising from his preceptor's office and under the latter's responsibility. You had better write to the Secretary of your State Board of Health, as the laws change too often for us to keep track of them.—ED.

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QUERY 3071:—"Diabetes Insipidus." Husband, 24, in fair health, passes over a gallon of urine daily, specific gravity 1001.

W. B. W., Texas.

Give this young man arbutin one granule every hour while awake. Let him chew gum pretty constantly, to restrain thirst. If his heart is hypertrophic, give glonoin and veratrine enough to relax the arterial tension and keep it relaxed. Let him drink no cold drinks, but when thirsty take one ounce only of water as hot as he can sip it. This should not be repeated, however, for an hour. If the water is prescribed as a medicine it is much easier for the patient to endure his thirst until the appointed time.

Is this an interstitial nephritis or simple polyuria?—ED.

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QUERY 3072-3:—"Neurasthenia." Woman, 50, very weak and irritable, completely worn out; good appetite and sleep, dizzy, cold feet, cold one minute and hot the next, left frontal headache. Improved on calomel, followed by caffeine and strychnine valerianate, with laxative granules, urine normal, elimination normal. Have you something that will impart strength to these shattered tired-out nerves?

This alkaloidal system I like more and more. I feel safe with it. In it I

General blood-letting should not be overlooked in cases of advanced heart disease.—Byrne, *Merck's Archives*.

have something to rely upon, that is not going to give way.

"Pneumonia." Boy, 12, recovered under alkaloids, had a second seizure, recovered again, but needs building up. One thing with alkaloids, you do not have to wait for a lot of waste with it.

D. M., Iowa.

Yes, there are three remedies, one of which will relieve. In the first place if there is any remnant of menstrual function remaining, and the irritability occurs at the menstrual epoch, give a granule of anemonin every half hour until relief, or even more frequently. Secondly, if there is any appearance, or even dread, of mental disturbance, give cicutine hydrobromate a granule every half hour until better. If neither of these conditions is present, let her have cypripedin three granules before each meal and at bedtime, doubling the latter dose if she does not sleep well. If she needs in addition to this something she can carry in her pocket and take at any time to restore equanimity, let your choice be between caffeine valerianate and camphor monobromate. Keep her bowels, however, always clear and aseptic, and the Anti-constipation granules would seem best for this.

In regard to the boy, I would simply advise two things. Medicinally Nuclein and the Triple Arsenates as a tonic and builder, with calcium sulphocarbolate as an intestinal antiseptic; but the principal thing is the hygiene of the house and vicinity. Put that in perfect order.—Ed.

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QUERIES 3074 to 3076:—"Pneumonia." An old doctor gives for pneumonia, calomel gr. x, ext. ipecac gr. iv, morphine gr.  $\frac{1}{4}$ , tannic acid gr. ij;

The technique of transfusion and hypodermoclysis of normal saline solution is simple and easy.—Byrne, *Merck's Archives*.

at one dose. He claims it will abort pneumonia in any stage within twenty-four hours.

"Opiumism." Woman, 75, dropsical, has bilious colic except when under opiates, constipated, pulse skips the fourth beat, weight 250 pounds.

"Hiccough." Man, 24, healthy, has hiccough every time he eats meat, at the first swallow.

W. B. H., Indian Territory.

The combination would act by emptying the bowels and the liver, and both the calomel and ipecac would have a beneficial effect on the inflammation in the lung. The morphine would relieve the cough, but I see nothing whatever of benefit to be derived from tannic acid. Besides, the good can be obtained from other agents which are preferable, and more effective; and the circulatory problems are entirely overlooked, excepting in so far as the ipecac might exert a salutary influence.

The old woman is simply packed full of fecal matter. The bilious colic is an effort of nature to relieve her, which is constantly checked by the opiate. She should be emptied by repeated colonic flushing, and probably it would require petroleum.

The young man's case is a neurosis. I would suggest cicutine as a means of lessening the irritability, adding gelseminine if the former proves insufficient, and persistently eating meat until the irritation is worn out.—Ed.

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QUERY 3077:—"Cocacola." The CLINIC quoted Martin as stating that cocacola is used by students cramming for examinations, and that it contains  $\frac{1}{8}$  gr. cocaine to the ounce. The manufacturers admit gr. 1-70 to the ounce. What is Martin's address?

R. K., Georgia.

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Bleeding, for acute cerebral congestion, asphyxia neonatorum, eclampsia, uremia, coal-gas poison.—Byrne, *Merck's Archives*.

I cannot give you Martin's address. The item was picked up from one of my exchanges, but just where it is impossible to say. I have been repeatedly informed by Southern physicians that the crimes in the South for which negroes are lynched, are due to the use of cocaine, but am unable to give you any definite information concerning it. From a study of numerous cocaine habits I fully believe that this statement is a true one.—Ed.

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QUERY 3078:—"Neuralgia." Woman, 65, good health, has severe pain from the mental foramen extending to ear, worse before and during wet weather, pain almost every day, beginning and quitting suddenly, lasting 5 to 60 minutes, leaving no soreness.

B. E., Kentucky.

There is undoubtedly a lesion affecting the nerve which will probably require surgical intervention. You might try the regular treatment for neuralgia, however, giving zinc phosphide gr. 1-6, 4 times a day, keeping the bowels clear and aseptic in the usual manner. If benefit accrues, change in 10 days to the Triple Arsenates in full doses.—Ed.

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QUERY 3079:—"Neurosis." Man, 50, right testicle atrophied from mumps, has three daughters. In 1878 had heat prostration, continuous aching since in back and top of head. Two years ago began to feel cold, with sharp prickling of skin, followed by copious sweating from breast, left side, neck, head, shoulders, down to right armpit, but nowhere else; after sweating the prickling is worse; paroxysms only occur between 10 p. m. and midnight, after which he sleeps well. The hotter the

weather, the colder he feels; the colder the weather, the warmer he feels. In 1896 he had influenza with pneumonia, a long and dangerous attack; has right supraorbital neuralgia also.

J. M., Kentucky.

The symptoms are due to irritation near the heat center. Regulate this man's bowels and render them aseptic, then put him upon the powerful absorbent combination, iodoform gr. 1-6, phytolaccin gr. 1-6, and mercury biniodide, of each three granules, and arsenic iodide one granule, taken together before each meal and on going to bed. Keep his bowels regular with an evening dose of emetin gr. 1-6, and a morning dose of Saline Laxative. Ascertain whether his kidneys are secreting the full amount of solids. I doubt it, although you say excretion is normal. If I am right I will have some further advice to give you. Otherwise let it stand.—Ed.

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QUERY 3080:—"Myelitis." Man, healthy till wife's death in 1899, numbness in fingers and toes, extending to wrists and ankles, relieved when in mountains, severe pain at base of brain, numbness extending to elbows and knees, losing use of legs, no nausea but food disagrees, uneasiness in abdomen relieved by belching, suffers severely in cold weather, pressure on last cervical vertebra elicits tenderness, over tenth dorsal causes extreme pain; burning in throat, worse when eating.

M. L. T., Nebraska.

Chronic ascending anterior myelitis, possibly dependent on autotoxemia. Regulate his bowels with Saline Laxative and colonic flushing. After they are thoroughly emptied keep them regular with Anticonstipation granules. Feed him

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Cupping, for renal and bronchial congestion, and for the beginning of pulmonary edema.—Byrne, *Merck's Archives*.

Digitalis is undesirable, since the quantities and interactions of its glucosides cannot be known.—Jarvis, *Inter. Med. Mag.*



carefully, giving abundance of fruit juice, but try and substitute something else for the oatmeal which causes acid. Give him Nuclein thirty minims a day, by hypodermic if possible, with sparteine gr. 1-6 four times a day for his heart. As a direct remedy for the spinal cord I would suggest thebaine, which I believe would be better than strychnine. If you cannot obtain it I will try and get some for you, and in the meantime would give brucine, a granule every hour until full tonicity is established, then often enough to keep this up.—ED.

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QUERY 3081:—"Autotoxemia." Maiden, 30, for past year uneasy in stomach, sometimes severe pain after full meal, eats no supper for distress, dyspnea and palpitation; only rests with head high up on pillows, color bad, offensive belching and acid waterbrash, pulse 90, temp. 98 under tongue.

W. B., Kansas.

This woman is a walking privy. Clear her out with a saline laxative. Then put her on juglandin, Intestinal Antiseptic tablets, and copper arsenite, following with cornin as soon as she is able to bear stimulation.—ED.

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QUERY 3082:—"Nephritis." "My wife has exudative nephritis for two years, pains at lower border of ribs, both sides and across back; headache, vertigo, constipation. Treatment: Glonoin, pilocarpine, colchicine, Anticonstipation granules, restricted diet.

W. E., Texas.

I would not use anticonstipation granules in this case as they are artery tensors, but would regulate the bowels with colchicine and veratrine. Give abund-

ance of fruit juice. An exclusive milk diet is not suited for such a case, but the diuretic effect of milk sugar is of use. You will have to be very sparing of the nitrogenous foods; but by all means substitute arbutin, seven granules a day, for the diuretics you are now using.—ED.

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QUERY 3083:—"Stomach Dilatation." My stomach sours after meals, sometimes fails to empty itself, causing distress; trouble begins at once or one to three hours after eating, belching of gas, if food, always sour; appetite good, tongue clean, splashing sound in stomach after meals, stools costive and white.

W. T., Indiana.

You have a dilated stomach. Limit your meals, eating very slowly; chew your food thoroughly and drink nothing whatever while eating, but drink a cup of hot water after each meal. Take three granules of juglandin before and three of diastase after each meal, and when the acid comes on, a Compound Manganese tablet with an ounce of hot water every five minutes until relieved. It is better to chew the tablet and wash it down with hot water. Never allow your stomach to be distended with food. Take no cold drinks at any time, and crack and eat seven pecans after each of your meals.—ED.

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QUERY 3084:—"Whooping-cough." My baby, two months old; whooping-cough epidemic. In what doses would you give Coleman's preventive treatment to him?

I have successfully treated another case of typhoid fever with the alkaloids. There is nothing like the rifle with good ammunition.

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Scarlatinal Nephritis: Flush the colon and give calomel gr. 1-20 every hour for days.—Huber, *Pediatrics*.

Apoplexy: Don't resort to saline injections. During the acute stage limit the fluids.—Browning, *Merck's Archives*.



I had just read J. V.'s treatment of hiccough in the January CLINIC when I got a case of two days' duration. Ordered hyoscyamine and camphor monobromide every quarter hour; took one dose and like magic the trouble disappeared. A shot well aimed is sure to bring good results, with the smokeless powder and little bullets made by the A. A. Co.

H. P. GREAVES, M. D.

Shoccoe, Miss.

To a two-month's old baby I should give atropine gr. 1-3000; that is, dissolve one granule, gr. 1-250 in twelve teaspoonfuls of water and give one teaspoonful in three doses, twenty drops every twenty minutes so that the three doses are taken within an hour. If the face does not flush or the pupils dilate, repeat at the same intervals until you obtain some evidence of the drug acting. Then give it often enough to keep up slight action. Children usually bear much larger doses of atropine than adults in proportion, but flaxen-haired children require extraordinarily little doses.—Ed.

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QUERY 3085:—"Nervousness." Woman, 38, ailing seven years, mitral regurgitation, attacks of nervousness, palpitation, nervous chill, followed by crying and cyanosis; uterus atrophic, menses regular but painful, belches continually during spells; happy and jolly when her heart is all right.

D. L., Illinois.

You can relieve the paroxysms by giving caffeine valerianate, 5 granules every five minutes. You can prevent them by putting her upon the dry diet as laid down in Waugh's Treatment of the Sick, which would completely obviate

the difficulties due to the imperfect heart.—Ed.

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QUERIES 3086-7-8:—"Sciatica." Have you a dead-shot for sciatica?

What shall I do for flabby granulations?

How do you treat convulsions from cessation of menses?

J. H., Texas.

Sciatica is not always the same disease. In various forms I have found the following treatment advantageous:

(1.) Keep the bowels clear and aseptic.

(2.) Stretch the nerve by placing the patient on his back, and flexing the thigh on the abdomen, keeping the knee fully extended.

(3.) Massage the course of the nerve with hot camphor liniment, and apply counter-irritation over the sacrosciatic notch.

(4.) Give rhus tox. to effect.

(5.) Give Buckley's Uterine Tonic to effect.

(6.) Mercury biniodide 3 granules, iodoform gr. 1-6, 3 granules, phytolaccin 3 granules, arsenic iodide 1 granule, 4 times a day.

(7.) Zinc phosphide gr. 1-6, 4 times a day.

(8.) Nuclein and the Triple Arsenates, with 3 Dosimetric Triad granules at bedtime.

Judge which of the 8 foregoing methods is best suited to your case.

Apply over the granulations a compress moistened with Menthol solution, and draw the margins of the wound together with J. & J's. Z. O. adhesive plaster.

For your case of convulsions at the

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The juice of a lemon is said to be quite effective in curing hoarseness. Drink undiluted, or suck the lemon.

Apoplexy: Don't use the depressants, ipecac, pilocarpine or apomorphine. Vomiting is most undesirable—Browning, *Merck's Archives*.

menopause, keep the bowels easy with aloin and aseptic in the usual way; moderate the nervous irritability with cicutine hydrobromate; and regulate the diet carefully; using also caffeine valerianate to steady the nerves when necessary; or better yet, cyripedin 1 to 3 granules when needed.—ED.

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QUERY 3089:—"Homeopathy." As our provings were made with the entire drug and not with alkaloids, we must use the first until the alkaloids have been proved, except for their drug effects.

J. U. C., Illinois.

Hahnemann looked at this matter from his standpoint, a century ago; but unless he had been endowed with prophetic vision, he could not well have occupied the view-point of the present day. That the provings were made from the crude drugs, undoubtedly accounts for much of the obscurity and contradiction to be found in them. How is it possible that provings from opium containing one per cent of morphine, should coincide with provings from opium containing 16 per cent? In fact, your only answer to this would be, the chemical constituents of the drug were of no consequence whatever, as relating to the provings, which would remove homeopathy completely outside the sphere of material science, exactly the position to which its opponents would most joyfully relegate it. Hence, it seems to me that the introduction of the alkaloids necessitates the recasting of Homeopathy on this certain and unvarying ground, instead of the variable, uncertain, often contradictory action of crude drugs.—ED.

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Quinine should be injected into the gluteal muscles; the muriate, well-diluted.—Maxwell, *Jour. Trop. Med.*

QUERY 3090:—"Epilepsy." Please give you suggestions in regard to the treatment of epilepsy.

J. H., Maryland.

It has been shown that in epilepsy it is advisable, if possible, to discontinue the use of chorides in the food; to limit the diet strictly to the needs, both as to bulk and the proportion of albuminoids;—to keep the alimentary canal clean and aseptic, and see that elimination especially by the kidneys is fully up to the standard. Then give verbenin 2 granules before each meal and at bedtime. The entire body should be examined very critically for sources of reflex irritability.—ED.

✽

QUERY 3091:—"Succinate of Soda." Please write me in regard to the action of succinate of soda and its uses in gall-stones.

T. R. B., Ohio.

I have used sodium succinate for gall-stones for more than twenty years and find that when the patient takes twenty grains a day the paroxysms become less frequent and less severe until they finally cease.—ED.

✽

QUERY 3092:—"Intestinal Hemorrhage." My health is capricious from heart disease, and lately severe intestinal hemorrhage, with no known cause. I concluded after studying and practising medicine 46 years I would stop medical literature and finish on what I had already learned, but delighting in the relief of suffering and with constant desire to learn, I have narrowed down to the CLINIC, considering it the best of all.

I. R. R., Texas.

The hemorrhage is dependent upon the heart trouble, and both would be

Apoplexy: Don't prescribe digitalis. I have seen it cause a second attack.—Brown-ing, *Merck's Archives*.

relieved by sparteine gr. 1-6, and berberine gr. 1-6, before each meal and on going to bed, the latter to contract the liver.—ED.

✽

QUERY 3093:—"Camp Itch." I contracted camp itch during the civil war and have suffered ever since. It was confined to the fingers, a year ago spreading over hands and wrists, with a patch on the elbow and two on an ankle, look like ringworm but itch horribly, crack and bleed, itching preceded by blisters which break and run, dry up and scale off; it is worse in cold weather.

F. M. A., Mississippi.

Take alnuin 3 granules before each meal and 6 at bedtime. Keep the bowels clear with Saline Laxative and clean with Intestinal Antiseptic tablets.

Apply to the affected skin the following mixture, every night on going to bed: Glycerin 2 oz., bay rum 6 oz., true oil of rose 20 drops. Use but little, but rub it well in wherever the skin is roughened. Do not use coffee, tobacco, pork, veal, cheese or beans. Use but little nitrogenous food of any sort, but abundance of fruit juices.

This will cure you all right, but I will ask our readers for suggestions.—ED.

✽

QUERY 3094:—"Tobacco Habit." Please send me a pamphlet giving the diagnosis and treatment of the tobacco habit.

What would you recommend for Hodgkins' disease?

O. W., Indiana.

I haven't an earthly thing on the tobacco question. One of these days, if I ever get time, I will write a paper on that.

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Digitalin from a reliable source is to be preferred. Digitalis is too irritating for hypodermic use.—Byrne, *Merck's Archives*.

In Hodgkin's disease, keep the bowels clear and aseptic, and giving the Triple Arsenates with Nuclein in full doses.

I will ask our readers to give us better advice.—ED.

✽

QUERY 3095:—"Enuresis." My daughter, 9, has enuresis, formerly by day also but now only at night and not always. She is strong and bright, sometimes has bad breath, urine high-colored. Please send treatment.

Rev. G. G., Ohio.

I will take great pleasure in writing to your physician, as we do not under any circumstances sell our remedies to any excepting members of the medical profession. It will give me great pleasure to give your doctor any aid in my power.—ED.

✽

QUERY 3096:—"Pneumonia." Man, 21, healthy, after hard day's work seized with pain in right side, followed by chill, fever and cough. Had to stop work next day, same symptoms but worse. That evening I found pneumonia in middle lobe of right lung, pulse 110, temp. 102.5, cough, blood-tinged sputa, tongue furred, constipated, urine red, tender over liver and stomach. Treatment: Full doses of calomel and podophyllin, salines and intestinal antiseptics; pulv. Acetanilid Comp. and Dover's every two hours to relieve pain and fever, tinctures of aconite, digitalis and Norwood's veratrum every three hours, quinine and strychnine every four hours, ammonium chloride, ipecac and tar every four hours for cough, large blister over lung.

Patient did well for five days, with profuse epistaxis on two days; on the sixth fever rose, pulse rapid, more tenderness over liver, stomach and bowels; signs of pneumonia in lower right lobe. Blistered again, gave calomel, podo-

Apoplexy: Don't resort to opiates. They are contraindicated in cerebral hemorrhage.—Browning, *Merck's Archives*.

phyllin and saline to clear the bowels daily, aconitine, digitalin and Norwood's veratrum every half hour till fever fell, quinine and strychnine arsenates every two hours, cicutine as a sedative, cough mixture as before as it eased the cough.

Next morning pulse 88, temp. 104, bowels all right, treatment continued; pulse at 90 and patient perspiring continuously, but fever remained from 104 to 105.2 till the ninth day of the attack, when the patient died of collapse.

W. A., South Carolina.

I don't like to criticise, all the more because the treatment was not that which I advocate. I am very far from claiming that my way is the only way. That would be ridiculous, but I never lost any cases by it.

Your early treatment was all right. You emptied the bowels and disinfected them. Did you keep up the disinfection, however? I would infer not, since the stomach evidently became infected, and to that the death was due.

I don't use opium or acetanilid in these cases, believing both to be injurious, nor blisters, for that matter, but hot mush jackets, or similar hot applications to the chest.—ED.

✱

QUERY 3097:—"Burns-Moore." My wife delights in reading THE ALKALOIDAL CLINIC, and has much confidence in and admiration for Dr. Abbott. She wishes to know if women can hold stock in the Burns-Moore Mining Co.

T. M. A., Mississippi.

Please say to her that at my advice my wife, my two daughters, and a lady cousin in Philadelphia, as well as my father and brother, are stockholders in the Burns-Moore Mining Co., as well as many other ladies and wives of physicians and I am not losing any sleep

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In sudden heart-failure, the rapidly acting stimulants, sparteine, camphor, caffeine sodio-salicylate, glonoin.—Byrne, *Merck's Archives*.

over having taken stock myself and advised my kin to invest.—W. F. W.

✱

QUERY 3098:—"Colitis." I have suffered two months from subacute colitis, dysentery, tormina, tenesmus, mucopurulent blood-streaked stools, thin or chunky, with gas; sometimes waxy, acholic, tape-like or macaroni. Have for years had paroxysmal action of gall-duct, pain in the common duct, dark bilious stools, vertigo, and then great relief. Vertigo has annoyed me all my life, attacks brief, no convulsions. I had concussion of the brain ten years ago, unconscious ten hours, then aphasia and numerous ugly symptoms lasting four months.

H. S. C., Oklahoma.

Treatment: A morning dose of saline laxative, aided if necessary by flushing the colon with hot water containing 1 gr. zinc sulphocarbolate to the ounce. By thus emptying and rendering aseptic the lower bowel, great relief will ensue. Internally take emetin gr. 1-67 every two hours until the dysenteric symptoms have subsided; boldine, the same dose to regulate the action of the liver; juglandin, 1 granule every 2 hours to stimulate a healthy secretion along the alimentary canal; a W-A Intestinal Antiseptic tablet every 2 hours to stop the microbic action, which is evidently the cause of the whole malady.—ED.

✱

QUERY 3099:—"Stomatitis." Stomatitis materna, six months, beginning before parturition, bowels also affected, causing diarrhea.

W. W., Tennessee.

Dissolve zinc sulphocarbolate gr. v in an ounce of water, and use it very frequently indeed as a mouth wash. Give

Apoplexy: Don't try nitrites, as their use in any form is here out of place.—Browning, *Merck's Archives*.

a 5-gr. tablet to be swallowed before each meal, and on going to bed. Flush the colon daily with a solution of the same salt, 5 grains to the ounce.

Such arrangement of diet, tonics and personal hygiene, should be made as the case demands.—ED.

✱

QUERY 3100:—"Hepatitis." Gradual onset, anorexia, headache, constipation, clay stools, kidney pain, urine excessive; liver severe pain, nearly double size, smooth and hard. After one month severe spasms, with headache, slight fever, jaundice; pain went to left side, spleen enlarged, some cough, loss of strength and weight; sick five months; lived on an island with impure water supply. A husband, 35, fisherman.

W. H., Oklahoma.

Malarial hepatitis; or it may be that some as yet unrecognized micro-organism is at work here. When the bacteriologist has learned to differentiate the lower animal forms as he has the vegetable, a new chapter of pathology will be written.

Treatment: Calomel and irisin, followed by Saline Laxative to unload the bowels; Intestinal Antiseptic tablets to render them completely aseptic, and then the Triple Arsenates with Nuclein, and berberine, given together and pushed to the full effect. Locally, apply over the liver the following mixture: Strong nitro-hydrochloric acid, freshly made, and ammonium muriate, of each  $\frac{1}{2}$  oz.; distilled water 2 oz. Give of this 20 drops in water before each meal, and paint it over the liver twice a day. Let it dry before covering with the clothes, as if it touches them it will burn holes in them but not in the skin.

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Glonoïn stimulates quickly, dilates blood-vessels in uremia with tense vessels, and relaxes asthmatic spasm.—Byrne, *Merck's Arch.*

The water used for drinking must be boiled.—ED.

✱

QUERIES 3101-2:—"Ocular Spasm." Boy, 13 has had for a year twitching of right eyelid and cheek with aching of right ear.

"Chorea." Girl, 18, severe rheumatism six months ago; now has chorea, right foot, hand and shoulder jerk, can't control tongue or write, affected four weeks.

S. S., Illinois.

Have the boy's eyes examined by a specialist; also his ears, nose and throat. Empirically, gelseminine will check the tendency to twitching; but it is reflex.

Put the girl on the vegetarian regime, forbidding acids also. Give hyoscine hydrobromate for sleep, lithium salicylate three granules every hour while awake, with cicutine hydrobromate every two hours. After one week of this, if not markedly improved, add from one to five granules of macrotin.—ED.

✱

QUERIES 3103-4:—"Neurosis." Mrs. J., for whom you prescribed cicutine and colchicine for neurosis verging on insanity, is well. I am the only doctor here, town of 3500, who practises Alkalometry. By your assistance I am making a good showing.

"Hysteria." Mother, 33, always healthy, weighs 200, mild temper; is apprehensive, fears she will do wrong or that something will happen to her, breaks down and cries easily, dreams and talks of insane asylum. A woman of more than ordinary intelligence, realizes her condition but cannot throw it off; appetite poor, sleep poor, constipation.

This has existed for years but is growing much worse lately; has lost 40 pounds but has plenty left.

H. B., Missouri.

Apoplexy: Don't permit any muscular movement by patient, and very little by others.—Browning, *Merck's Archives*.

I am glad indeed to hear that your patient has recovered and congratulate you on the good you are doing in your community.

In regard to Mrs. A., empty her bowels with a brisk cathartic and colonic flushing. Keep them regular with the Anti-constipation granules, and for the mental condition give her anemonin and cicutine hydrobromate, from three to seven granules each a day. As to colchicine, if she is plethoric she needs it, but not if anemic; and I think the ingredients of the Anticonstipation granule will do better in this case than the Saline Laxative.—Ed.

✽

✓ QUERY 3105:—"Morphinism." Please send me your pamphlet on the morphine cure, with price list of drugs.

R. F., Alabama.

I send you pamphlet on the Morphine Cure.

As to the drugs you need, we do not sell excepting to physicians, our business being strictly with them.—Ed.

✽

QUERY 3106:—"Paraplegia." How would you treat paraplegia, the result of spinal meningitis?

J. H. S., Texas.

Give the powerful absorbent combination, the iodides of mercury and arsenic, iodoform and phytolaccin, to carry away debris. Keeping the bowels clear and aseptic, as the effect of autoxemia on the spinal cord is most disastrous. This being done, push strychnine to the production of the full physiologic effects, and I am sure you will find benefit result.—Ed.

✽

QUERY 3107:—"Pelvic Pain." Miss F. 40, corpulent, asthma, dysmenorrhea,

Rectal irrigation cleanses the bowels, dilutes toxins, reduces arterial tension and stimulates renal secretion.—Byrne, *Merck's Archives*.

general neurasthenia. Examination disclosed retroversion, stenosis of cervix uteri, hemorrhoids, heart and lungs in good condition. Dilated, curetted and removed piles, all former symptoms relieved but there is still a burning about an inch below the umbilicus, less during menstruation, at other times keeps patient awake.

E. D., Pennsylvania.

The pain is due to some pelvic trouble, what I cannot say. It is a case for examination of the rectum, uterus and adnexa, urethra and bladder. You might give cicutine hydrobromate, one granule every one to four hours to allay hyperesthesia.—Ed.

✽

QUERY 3108:—"Ulcers." Mother, 37, ulcers in mouth, began twenty years ago, worse before menstruation, heal but soon recur. Digestion good, constipated, menses profuse. Mother died of consumption. Patient has baby five months old and has menstruated since second month after childbirth.

L. P. A., Texas.

Regulate the bowels with a morning dose of Saline Laxative, and give hydrastin, one granule before each meal and on going to bed, persistently for three months. Wean her baby, and give her Triple Arsenates with Nuclein, or Compound Hypophosphites, to rebuild her strength.

Do not be in a hurry; remedies in her case will be slow but sure.—Ed.

✽

QUERY 3109:—"What is the limit of the dose of cantharidin?"

F. G., Alabama.

Give cantharidin until the irritation of the bladder begins; then keep just below this point to get the best effects.—Ed.

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In pure chlorosis, intestinal disinfectants without any iron being given are inefficient.—Skellton, *Merck's Archives*.



## News, Notes and Notions

Rush is open to women.

✽

The Wisconsin authorities have been getting after the magnetic healers.

✽

Dr. B. D. Cox, of Jackson, Ky., was shot dead on the street the evening of April 13. Cause and shooter unknown.

✽

The reported abstraction of a live frog from a New York hospital patient's stomach has furnished the newspaper funny man a fine chance.

✽

February 17, 1902, Dr. George Elliott married Miss Mary Kausin, a trained nurse of Cook County Hospital. We wish them all happiness and success.

✽

The National Eclectic Medical Association meets in Milwaukee, June 17. During that week calomel will crawl into a ground-hog hole and cover up his ears with blankets.

✽

The Army Surgeons, under General Wood, have entirely stamped out the yellow fever in Havana, a disease that has been endemic in that port for 140 years, with an annual death rate of 751.

✽

The paper by Prof. Wahrer in the April CLINIC should have been credited to *The Journal of the American Medical Association*, the article having been read in one of the sections of that association.

A *man* who talks himself to death is reported from a hospital in Pennsylvania. He was twenty-three years old. Such reports make one wonder if all the women masquerading as men have been discovered.

✽

Carbolic acid as a dressing for wounds seems to be in disrepute. A prominent surgeon of St. Louis reports a recent amputation of the leg made necessary by spilling weak carbolic solution on the foot.

✽

Asiatic cholera has appeared at Manilla. Sixteen cases and fifteen deaths were recently reported among the natives. It is believed that the disease was introduced through vegetables brought from Hong-Kong.

✽

The Illinois State Board of Health has issued a Synopsis of the Laws and Regulations governing the Practice of Medicine in the United States. If you want it apply to the Secretary, Dr. J. A. Egan, Springfield, Ill.

✽

The doctors of central Illinois are baffled by a strange epidemic which has broken out among the young people. The victims are seized with hysterical paroxysms of laughter, which continued in one case for nearly a week. No case has resulted fatally but general prostration from the effects has occurred.

The Supreme Court of Illinois has ruled against J. P. Gordon, a "magnetic healer," and decides that even if such persons do not use drugs they are physicians and must be licensed by the State Board of Health.

❖

Looking on diabetes mellitus as a functional affection of the liver, Hauss (*Ecl. Med. Jour.*) treats it by diet, hygiene and chionanthus. The bowels should be flushed by a morning saline in one or two pints of hot water.

❖

Resolutions have been adopted by the New York Academy of Medicine, protesting against the decisions of the Treasury Department, classifying pulmonary tuberculosis among "dangerous contagious diseases," by which emigrants are barred from this country.

❖

There is to be built in Paris an American hospital, where all citizens of the United States will find, in cases of illness, careful medical and surgical attention free of any charge. Funds are already available for the complete fitting up of a model modern hospital, the site having been already selected.

❖

A Michigan physician was arrested recently, charged with having photographed and printed obscene and immoral pictures of local young women. The doctor had been a victim of the cocaine habit, and while under the influence of the drug he resorted to the acts which resulted in his arrest. His sentence was a fine of \$100, or four months in the house of correction.

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In uremia with delirium and high arterial tension small doses of morphine should be given.—Byrne, *Merck's Archives*.

Several cases are reported of children who were seriously poisoned by eating sample packages of patent medicines left on the porch by hired distributors. Their condition was critical. Criminal carelessness is punishable by fine and imprisonment.

❖

The latest London novelty is the "somersault cure" for fat women. A West End surgeon's house has been fitted up as a luxurious gymnasium where aristocratic patients turn "somersaults" on Swedish principles, in the hope of reducing their obesity. "The cure" is said to be most efficacious.

❖

Thirty-nine enlisted men of the 13th United States infantry are confined at Columbus under quarantine on account of measles. The regiment, consisting of 700 men, was to have started soon for the Philippines but now will be indefinitely detained. Some of the soldiers are said to be in a very serious condition.

❖

The latest health report from the military division of the Philippines declares that there has been a steadily decreasing number of deaths in the army from sickness, and the condition of the soldiers was manifestly improving, showing that the worst difficulties experienced in connection with a residence in a tropical climate are being overcome.

❖

Dr. Matignon, of Bordeaux, applied rhythmic traction to the tongue, in the case of a child born livid and apparently dead. After a quarter of an hour, he succeeded in obtaining feeble respiration and the ear could distinguish faint heart-

In anemias with decreased hemoglobin, and autotoxemia, iron and intestinal antiseptics are needed.—Skelton, *Merck's Archives*.

beats. At the end of one hour's work the child awoke as if from a profound slumber and gave signs of life.

❧

To prevent delirious and other patients from leaping from the windows of the County Hospital, iron bars are to be placed on nearly all the windows of the Chicago institution. This action resulted from the leaping to death of one of the patients from a third-story window.

❧

A remarkable and difficult surgical operation was recently performed on a patient in an eastern hospital, according to the new reporter. Eight inches of her backbone was taken out to permit the removal of a tumor that pressed upon the spinal cord. It is expected that she will recover entirely.

❧

The bills of the physicians who attended the late President McKinley have been received, and will be transmitted to Congress at an early date. It has been variously stated that the bills would assume enormous proportions, out of all reason, but from the highest authority the information is obtained that they are fair and in no wise excessive.

❧

The Senate of Iowa has just passed a bill adjusting the difficulty that has long existed between the osteopaths and the doctors of the state, requiring the State Board of Medical Examiners to issue certificates to those osteopathic physicians who pass an examination in designated sciences. The bill is a compromise of the long-standing controversy and results in the recognition of the osteopathic sect.

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When morphine with atropine fails to secure rest and quiet excitement, hyoscine hydrobromate acts strikingly.—Byrne.

As to the effect of smoke on health, Chicago physicians rightly conclude that smoke aggravates every disease of the respiratory organs and is directly responsible for many of the minor diseases that find lodgment in the membrane of the nose and throat. The mouth, eye, ear, nose and throat are constant sufferers.

❧

The Royal Veterinary Institute, which has been conducting a series of experiments under the direction of Prof. Josef. Swanson, declares that Koch is wrong in his contention that human tuberculosis cannot be transmitted to animals. The Institute professes to have demonstrated that animals contract the disease from people.

❧

Armed with the alkaloidal granules, several Kansas City physicians have invaded Rosedale, Kan., and met with such success that the physicians of the latter town have been compelled to form a union and invoke the aid of the powers that be. Which leads us to again remark, that if ever the laity catches on to this alkalometry, the demand for it will leave its opponents up a stump.

❧

A celebrated English surgeon of the old school, is said to have had a peculiar fad, but one in which his good sense was displayed. Being a firm believer in fresh air, the first thing the old doctor did, when called to a patient was to walk to the window and with his tasseled walking stick, an inseparable companion, punch a small round hole through the glass, the circumference of the stick offering in his opinion just the measure of ventilation requisite for the sick room.

In long-standing auto-intoxication iron is powerless and arsenic is the remedy of choice.—Skelton, *Merck's Archives*.

Dowieism, spurious healers and the pseudo-oculist, were scored by Chicago physicians at the meeting of their club at the Wellington Hotel. The question was: "How can the profession and the public be better protected?" Prominent speakers discussed the question from the legal and other points of view.

❖

B. F. Tillinghast, editor of the *Davenport Democrat*, and Dr. Nicholas Senn, have been appointed by Secretary Hay as delegates to the seventh international conference of the Red Cross, to be held at St. Petersburg, May 1 to 29. The others appointed are Rear Admiral W. K. Van Reyppen, retired; Mrs. J. Ellen Foster and Miss Clara Barton.

❖

Emperor William has intervened to stem the spread of the faith-healing cult in Germany; his majesty having had long conferences with his ministers, for the purpose of devising measures to counteract the campaign here of the Christian Scientists, who have followed in the higher circles of Berlin society. It is proposed to make the practice of Christian Science therapeutics illegal in Germany.

❖

A new embalming fluid has been tested upon the body of a negro pauper. After six months the corpse was exhumed and found to have the consistency of vulcanized rubber, and might readily pass for a statue of black marble, as the petrified flesh is hard enough to take a polish. The experimenter says the fluid will preserve the body for a century. But how can he possibly know?

After one dose of hyoscine hydrobromate smaller doses of morphine again do well, even for days.—Byrne, *Merck's Archives*.

One of the latest hospital luxuries is a telephone for the use of the bedridden patients, by which one may be in constant communication with the loved ones at home, or the outside world generally. A set of instruments is made for this purpose especially. It is a complete transmitter, receiver and switch of light weight and durable construction, and can be hung at the head of the bed or laid on a stand or chair at the side.

❖

Fifty thousand dollars will pay all the expenses incurred on account of the death of President McKinley. The various bills have been gathered together and an agreement reached by leading senators as to the amount, if the money is to be appropriated by Congress to settle the same. Of the amount named, \$25,000 will go to the surgeons and doctors, and \$10,000 will be paid to Dr. Mann, who performed the surgical operation for the removal of the bullet.

❖

Messrs. Powers and Weightman inform us in a circular letter that a report had been received stating that their sodium phosphate was found to contain arsenic. The firm state that they have made repeated tests and found their phosphate of sodium free from arsenic, and equal to the very best that is manufactured anywhere in the United States, or elsewhere.

Testing for arsenic is not difficult, and before giving credence to so injurious a report one should take pains to ascertain its truth. It is easy to circulate detraction, difficult to catch up with it.

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Leucocytosis is the effort of the cells to replace lost elements and neutralize the poison.—Skelton, *Merck's Archives*.